

# CHEMIST & DRUGGIST

The newswweekly for pharmacy

September 17, 1994

ALWAYS READ THE LABEL



**SEVEN  
SEAS**  
Health Care

## Help from NPA on protocols

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Forum advice  
on fighting the  
multiples

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Pharmacists to  
check script  
endorsements?

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Chemex buzzes  
with success

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Crookes: *C&D*  
interviews md

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Unichem: news  
from Vancouver

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Glaxo sales up  
15pc as prices  
hit UK results

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SB sells Sterling  
US assets to  
Bayer for \$1bn

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# The new way to bring a child's fever down



At last, you can recommend the antipyretic and analgesic benefits of ibuprofen for children.

Junifen's antipyretic action is greater<sup>1,2</sup>, longer lasting<sup>1,3,4</sup> and more rapid<sup>2,4</sup> than paracetamol's.

Its efficacy in relieving pain is proven in years of prescription use<sup>5,6</sup>.

And it's as well-tolerated as paracetamol<sup>7</sup>.

Free of sugar and colour, the orange flavoured Junifen suspension is the one to recommend for childhood pyrexia and pain.

## Junifen

IBUPROFEN SUSPENSION

Now you have a choice for fever  
and pain in children

**PRODUCT INFORMATION:**  
**Product:** Junifen Suspension.  
5ml contains 100mg ibuprofen  
**BP Indications:** For the  
reduction of fever and relief of  
mild to moderate pain in children  
between the ages of 12 months  
and 12 years. **Dosage and  
administration:** Children  
1-2 years: One 2.5ml spoonful  
3-4 times a day; children  
3-7 years: One 5ml spoonful 3-4  
times a day; children 8-12 years:  
Two 5ml spoonfuls 3-4 times a  
day. Do not exceed 4 doses in  
any 24 hours. **Precautions and  
warnings:** Junifen should not  
be given to children with stomach  
ulcers or other serious stomach  
disorders. Patients receiving  
regular medication, asthmatics,  
anyone allergic to aspirin and  
pregnant women should be  
advised to consult their doctor  
before taking Junifen. Not  
recommended for children under  
the age of one year or weighing  
less than 7kg (16lb). If symptoms  
persist for more than 3 days  
patients should consult their  
doctor. Adverse effects  
reported include: dyspepsia,  
gastrointestinal intolerance and  
bleeding and skin rashes. Less  
frequently, thrombocytopenia has  
occurred. **Product licence  
number:** PL 0327/0077.

**Licence holder:** Crookes  
Healthcare Ltd., Nottingham NG2  
3AA. **Legal category:** P. Price:  
Junifen Suspension: 100ml £2.65

#### REFERENCES:

1. Kauffman R.E., *et al.*, AJDC, 1992, 146: 622
2. Sidler J., *et al.*, Brit. J. Clin. Pract., Suppl. 70, 44, (8), 1990, 22
3. Walson P.D., *et al.*, Clin. Pharmacol. Ther. 46, 1989, 9
4. Walson P.D., Brit. J. Clin. Pract., Suppl. 70, 44, (8), 1990, 19
5. Lohokare S.K. and Jog V., J. Pain and Symptom Management, 6, (3), 1991, 158
6. Schachtel B.P. and Thoden W.R., J. Pain and Symptom Management, 6, (3) 1991, 159
7. Data on file, Crookes Healthcare Ltd



NOW AVAILABLE WITHOUT A PRESCRIPTION

CROOKES  
Healthcare

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## Comment

For some years now the Conservative Government has been increasing prescription charges well ahead of the rate of inflation. (From £0.70 on April 1, 1980, breaking through the £1.00 barrier by Christmas that year, breasting the £2.00 mark in 1985, £3.05 in 1990 and reaching £4.25 by 1993. Now at £4.75, the £5.00 ceiling should be passed, comfortably, by All Fools Day, 1995.) For a similar period the profession's leaders have bemoaned the policy, referring to the charge as a 'prescription tax', and decrying the fact that pharmacists have to 'collect' it on behalf of the Exchequer.

Unfortunately for pharmacists, the public tends to believe that pharmacists keep the money as well, probably as pure profit! It is very difficult to convince a financially embarrassed, non-exempt patient presenting a multiple script, that: they need all of the medicines prescribed by the GP; that it is illegal for the pharmacist to help them 'choose' which ones are essential; that, increasingly, pharmacists are paid a fee that reflects professional involvement rather than numbers of items dispensed and on-cost; and that pharmacists get no tangible, personal benefit for dispensing ever-more scripts with increasing efficiency. National Pharmaceutical Association director Tim Astill last week (*C&D Interview*, p404) hit the nail on the head when he said: "We are in a signalman-type

situation. Pharmacists will be given no credit for past productivity, but will be expected to significantly increase it in the future without any increase in remuneration. Many pharmacists are reacting very firmly against that."

This week news that the Department is planning to increase both pharmacist and doctor involvement in 'policing' patient exemption from charges, by a mixture of form filling and 'passport control', will be welcomed by neither profession. At the outset of script charges GPs refused to countenance two sets of forms for 'payers' and the exempt. To have to tap in age, disease state, contraceptive status, etc, will push GP patience. That, presumably, pharmacists should have to check prepayment forms, Social Security books and the like seems like an invasion of patient privacy as well as a time-tax — presumably birth certificates will have to be seen, too!

Rather than deregulate life in Britain as promised, the Government seems hell-bent on dismantling the 'nanny state' in favour of a 'police' one.

Tim Astill has noted pharmacists' disaffection with Governmental lack of respect and any payment for increasing efficiency. Doubtless this latest, planned, back-door insult will increase their lobbying alongside that of GPs, and the increasingly harassed NHS patients.



# NPA publishes protocol guidance and training pack

The National Pharmaceutical Association has launched a resource pack to help pharmacists comply with medicine sales protocols.

All NPA members will receive the pack free (£35 to non-members).

From January 1, 1995, the Royal Pharmaceutical Society will require every pharmacy to have in place written protocols covering the procedures for selling medicines and giving advice.

The NPA resource pack contains:

- Guidance notes for the pharmacist
- Training material for assistants
- An outline protocol for pharmacists to suit their own requirements
- A Red Card to fill in with details of those products pharmacists decide should always be sold by them.

The protocol and Red Card are designed for display in the dispensary or on staff bulletin boards.

The guidance notes aim to help pharmacists focus on the needs of their businesses when drawing up a protocol. They identify areas which need particular consideration, such as how the pharmacist would like P medicines to be sold and which medicines should be sold only by a pharmacist.

The assistant's training material provides the basic knowledge needed to understand the background to the protocol and how to implement it. There are two copies of personal protocols for assistants, which contain questions to be answered and discussion points to raise with the pharmacist. The NPA predicts that the assistant will need a maximum of three hours to work through the material.

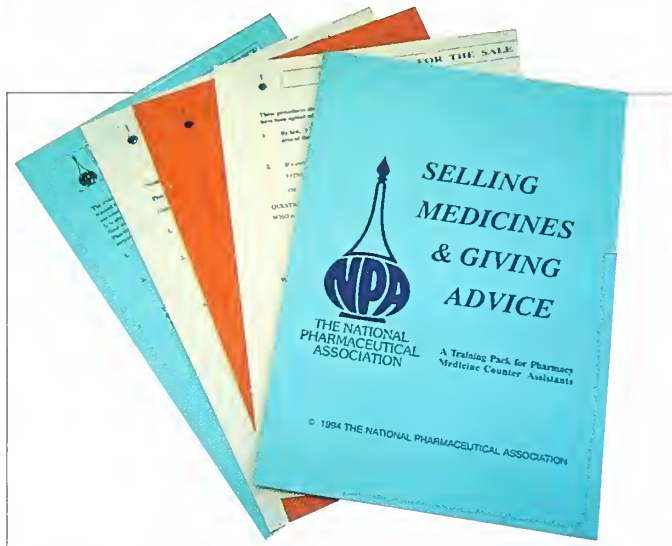
Says Tim Astill, NPA director: "The pack does not provide pharmacists with a ready-made protocol to stick on the wall. Rather, it sets out a framework for pharmacists ... and provides basic staff training to ensure the protocols are meaningful and become part of everyday life in the pharmacy."

The following are extracts from the resource pack.

## Pharmacist's notes

Use the outline protocol to collect your thoughts before you train your staff. It must be personalised as a reminder to your staff of how medicines are sold and advice given in your pharmacy.

Because pharmacists, pharmacies and counter assistants are



all different we cannot give a definitive list of instructions: there are gaps to fill in that only you can complete.

Assistants must understand what is required of them and you will need to work through this outline with them. Aim for them to work through the full pack as soon as possible. They will then understand why they need to ask questions and which customers must be referred to you.

It is not sufficient merely to mount the outline protocol on the wall in the pharmacy. Note, too, that all new staff must complete the training pack before they can work on the medicines counter.

Points to consider are:

1. How you want to supervise P medicine sales.
2. If you want counter assistants to respond to requests for advice on the treatment of symptoms. If so, what questions you want them to ask and which customers should be referred to you.
3. Which medicines, if any, you are happy for counter assistants to sell to people who appear to be under 16.
4. Which medicine sales you want to be personally involved in. The list must include:
  - Products recently changed from POM to P status. (An appendix lists those deregulated in the past ten years and those due to be reclassified)
  - Products liable to be abused (listed in another appendix), misused or with a high potential for interaction.
5. How you want counter assistants to respond to requests for named products, medicines for use in under eights, excessive quantities of medicines and those medicines with common ingredients.
6. How you want assistants to

respond to customers who are uneasy or embarrassed when discussing sensitive subjects.

## Assistant training

From July 1, 1996, each member of staff whose work in a pharmacy will regularly include the sale of medicines must have completed a course containing all the elements in the National Vocational Qualification retail certificate unit 217, or be undertaking such a course.

The assistant's training pack covers all aspects of the Society's protocol requirements. The information has deliberately been kept to a basic level, allowing it to be used to train new staff and those who only work a few hours. This gives you the chance to manage the level of training given to each member of staff.

Here are a few tips:

- Use opportunities that arise in the pharmacy as learning experiences
- Combine this informal training with slightly longer, more formalised sessions for individuals or groups
- Don't give too much information in one go
- Try to avoid doing all the talking — listen to your staff and you will find out what they really know
- Use other members of staff, locums and training material and articles produced by the NPA, manufacturers and pharmacy journals to help in the training
- Be enthusiastic and above all give positive feedback, constructive criticism and praise.

The assistant's training pack, 'Selling Medicines and Giving Advice', includes sections on the different classes of medicines, the importance of asking questions, which customers should be

referred to the pharmacist, abuse and misuse of medicines, confidentiality and also sensitive subjects.

## RED CARD SUBSTANCES

Always refer requests for or about these substances to your pharmacist.

1. Recent POM to P changes.
2. Medicines which may have interaction problems.
3. Medicines and other substances which are liable to abuse or misuse.
4. Excess quantities of any medicine.
5. Repeated purchases or requests by a particular customer.
6. Sudden increases in demand for any product.

## OUTLINE PROTOCOL INSTRUCTIONS FOR THE SALE OF MEDICINES AND GIVING ADVICE

These procedures should normally be followed by all staff unless individual variations have been agreed with the pharmacist in charge.

1. To meet the legal requirements for supervision, P medicines are to be sold in this pharmacy in the following way ...
2. If a customer asks for advice on the treatment of symptoms you must **either** always refer to the pharmacist in charge **or** ask the following questions and refer in the instances shown. (There follows a list of questions based on the 2WHAM routine, with a corresponding list of replies which need referral.)
3. Requests for medicines listed on the Red Card should always be referred to the pharmacist.
4. If a customer asks for a product by name:

- Check the Red Card
- P medicines — use 2WHAM questions and refer as needed
- GSL medicines — make sure you know who it is for. Point out precautions on the label. Remind about the way a product should be used and by whom.
- 5. If more than one product (P or GSL) is sold to the same customer, check for common ingredients or those with similar effects. Look out for:
  - Products containing aspirin and/or paracetamol, such as ...
  - Products containing decongestants, such as ...
  - Products causing drowsiness, such as ...
  - Other ...

6. When discussing sensitive subjects ...

If in any doubt — refer.

Remember, all information learned in the pharmacy must be kept confidential.



# Pharmacy to check exemptions with new script form

The Department of Health is planning to change the current design of the FP10 prescription with pharmacists to be responsible for checking patient details and their *bona fides* against their endorsements on the obverse of the form.

C&D understands the internal consultation process at the DoH is well under way with an October 30 closing date set. New forms are to be printed from the end of November this year.

GPs are likely to be required to indicate the age of a patient on the front of the form along with standard name and address

details as well as any medical exemption categories.

The back of the script form is also to be refreshed, with pharmacists required to check patient documentation in support of any claim for exemption from script charge payments, currently £4.75.

Patients will have to sign the form to say that either they have paid for their prescriptions, or that they are exempt.

The consultation process is understood to have reached down to regional level but so far pharmacy bodies have not been involved.

Last week the Pharmaceutical Services Negotiating Committee was invited to send a representative to a small working group on script exemptions. The Committee will decide who to nominate when it next holds a meeting.

• Similar changes to the FP10 to those now being proposed by the DoH were contained within the recent Health Select Committee report. The Government currently levies £300 million through prescription charges which, for years, have been raised annually well ahead of the inflation rate.

## Support for home services

Community pharmacy's views on domiciliary pharmacy services have changed considerably in the last few years, with almost all now supporting the concept.

There is also widespread acceptance of this service by GPs and nurses although some aspects of pharmacist involvement have notably less support.

The findings come in a Domiciliary Pharmacy Services survey conducted by Pharmacy Practice Consultants and Brighton University's Pharmacy Department and Social Policy Research Centre. They appear in the latest issue of the Institute of Pharmacy Management International newsletter.

The report notes that about half of all pharmacies surveyed provide 'at home' medication counselling at least once a week and that nearly all would be willing to provide prescription collection, medicine delivery and domiciliary counselling if such services were established.

Only 11.7 per cent felt such services were unnecessary while 11.6 per cent highlighted the need for adequate remuneration.

Those stating a preference about remuneration favoured a similar system to that used for oxygen supply or a standard fee per home visit.

The successful development of any domiciliary service depends on effective collaboration and liaison between the pharmacist and other members of the primary healthcare team, in particular with GPs and community nurses to prevent duplication of services and maintain consistency of care.

All groups supported the fundamental components of such services, such as prescription collection, medicine delivery and counselling on the correct use and storage of drugs. However, other areas of involvement — pain control and total parenteral nutrition — were notably less well received.

Frequency of contact was key to the recognition of the contribution of the pharmacist.



## No smoking catches fire in the North

Manchester Family Health Services Authority and the Health Education Authority are putting over £4,000 behind a local scheme to involve pharmacy in smoking cessation.

The campaign is being organised by North Manchester Health Promotion Service and involves seven pharmacies across the Manchester City area.

Participation is on two levels. According to health promotion adviser Barry Gillespie pharmacists can either gather in-

formation about smokers — whether they want, or have tried to quit — or they can set up one to one counselling sessions.

Each of the seven pharmacies involved will also be loaned a 'Smokerlyzer', a machine which monitors breath for its carbon monoxide content. This, says Mr Gillespie, is "an effective tool to show the effects of smoking".

If the scheme proves successful, it is hoped that the purchasing Health Authority may buy more Smokerlyzers and

extend the scheme. Currently, the scheme, which starts at the end of the month, runs to the end of March.

A basic Smokerlyzer costs around £425 (+VAT and p&p) and is available from Bedfont Scientific Ltd, tel: 0634 360576.

The idea behind the scheme came from this year's National No Smoking Day where a report was issued on smoking in the lower social groups, C2DEs, of which Manchester has a high proportion, says Mr Gillespie.

## Advice is the key to generics

Pharmacists can ease the anxiety patients have over generic prescribing and increase compliance through simple counselling and advice.

The standardisation of generic medication by manufacturers to avoid confusion in appearance would also help, says Roger Odd, Royal Pharmaceutical Society head of practice.

According to a study con-

ducted by psychologists from Gwent Community Health NHS Trust, patients become worried when they are switched to a generic drug without explanation. The problem arises when they are faced with a different-looking drug with an unfamiliar name from their usual branded medicine.

The survey took in 400 long-term users of cardiovascular

drugs, of whom over half said they would be worried or highly anxious about a generic. One per cent said they would not take the medication at all.

Two-thirds said they would seek additional advice from pharmacists or general practitioners while a further 10 per cent would go to another pharmacy to get the branded version.

Dr Paul Bennett, study leader and clinical psychologist, suggests one way to cut down on a patient's anxiety is for pharmacists and GPs to give out leaflets when generics are prescribed.

Mr Odd, however, believes that verbal reassurance has more input than leaflets alone.

GPs, he says, are at fault for not highlighting to patients the difference between generics and branded medicines.



# PSG calls for united front to halt multiples' steamroller

Independent pharmacists are being asked to fight the accelerated growth of multiples by the Pharmacy Support Group.

PSG-produced research reveals independents accounted for 76.8 per cent of the total number of pharmacies in England and Wales in 1980. By 1992-93 this had dropped to 67.5 per cent, with the greatest rate of decrease taking place over the last three years.

Worryingly, this growth has been accompanied by a corresponding decrease in independents' average NHS gross percentage profit — from 23.1 per cent in 1987-88 to a predicted

15.8 per cent in 1994-95.

And there may be yet to come. "We believe our gross profit will go down to 13 per cent over the next three years," according to PSG Committee member Gerald Zeidman.

The PSG points out that the weight of the multiples extends into other areas, such as the growth of non-contract pharmacies and the ability to extract greater manufacturer discounts. Yet, Mr Zeidman points out, in the latter case the government's discount clawback is the same for all pharmacies.

"This is inequitable as only

multiples can buy at a substantial discount," he says. The PSG understands that multiples can also make up to 65 per cent profit on return from over-the-counter medicines.

The PSG has produced a leaflet which details this research and lays out the organisation's objectives. These include:

- instigating and supporting research into community pharmacy
- projecting community pharmacies as centres of excellence
- promoting control of entry
- fighting for compensation for all relinquished contracts and helping pharmacy redistribution.

## Independents' constructive fight

Independent pharmacies must demand policy changes from banks, manufacturers and the Government, if they are to fight the multiples' unfair advantage.

Stan Mendham, founder and chief executive for The Forum of Private Business, says manufacturers should end discriminatory discounting.

Speaking at the Pharmacy Support Group annual dinner on September 10, he called for government reforms in the business rates system and late payment of debts, both of which are crippling independents.

Referring to Michael Heseltine's White Paper on trade, Mr Mendham said: "He does nothing to deal with the fundamental issue of unfair competition that is currently affecting small businesses, yet he is prepared to spend millions of pounds on training for companies employing more than ten people".

Pharmacists are the "intelligentsia of the retail industry", added Mr Mendham, urging them to concentrate their fight on professional matters.

"Only you can decide the policies of pharmacy. Don't get into issues that are affecting all other small businesses. Join the Forum because we are already in there."

Mr Mendham is offering pharmacists six months free membership, via the PSG, in return for facts and figures on their businesses. The information will be used as technical back-up.

The Forum, which has contacts in government departments, High Street banks and other institutions with impact on small business, works on behalf of independent businesses and has already taken up the issue of bank transaction charges and statutory sick pay.

Noel Baumber, Lincolnshire

representative of the Pharmaceutical Services Negotiating Committee, praised the Forum for its valuable research and says independent pharmacists should support outside views on ways to improve their profession.

There is a need for change in the interest of patients, effective management, personal fulfilment and pride in ownership, says Mr Baumber.

"We need to get justice from the state for a state service". To survive pharmacists must make changes and work together to harness interests.

"We need a business not a political solution to solve our problems. The solution must retain our independence but recognise the interdependence of member groups."

Independents must protect and develop human and financial assets, adds Mr Baumber. "Goodwill has almost vanished".

## Jersey law to fall in line

Jersey pharmacists will soon be bound by laws similar to their British counterparts.

The proposed replacement of the present Pharmacy, Poisons and Medicines (Jersey) Law 1952 with the Draft Medicines Law closes the loophole which allows mail-order medicine companies to import/export drugs from Jersey.

The new law will also make clear that sales of small quantities of drugs via vending machines is prohibited.

Human and veterinary medicine licensing will also be covered, as not all medicines, particularly GSL lines, have a product licence. The new system will allow products with a UK licence to have effect within the island, unless special circumstances prevail.

Overall, the new law, anticipated to come into force within

the six to 12 months, will have little impact on Jersey pharmacists. "We are already practising what the UK preaches," says Mr Le Quesne.

The only notable difference lies in recent POM to P switches. Jersey pharmacists cannot sell certain medicines which have UK P-status, such as topical NSAIDs and products for seasonal rhinitis, as this is prohibited under Schedule Four of the Poisons Act.

However, current legislation is being amended to make these available OTC from this autumn.

• Didronel PMO has been given special dispensation to be dispensed in 90-days supply in Jersey. All other drugs, excluding anti-epileptics, anti-diabetics and those for thyroid disorders, can only be dispensed in 30-day instalments.

## Quiet revolution in the cold war

"The quiet revolution that has occurred in the role of pharmacists in the common cold is something they should pride themselves in," Dr John Gray told delegates at the FIP conference.

Speaking about good recommendation practice at the Procter & Gamble sponsored seminar, the British GP said that patient confidence in pharmacists is very high in their management of coughs and colds. Pharmacist input, in this arena, is rated higher by patients than that of general practitioners.

In addition, improved patient education from, among others, healthcare professionals has produced a drop in the number of patients seeking GP consultations for colds.

## Numark manage next generation

Liverpool School of Pharmacy graduates will be better prepared for a retailing future, thanks to a Numark initiative.

The company is sponsoring a lectureship in management studies, the first move of its kind in the UK pharmacy world.

All pharmacy undergraduates will complete ten to 15 hours each term on business management topics. Interpersonal skills, such as leadership and assertiveness, will also form part of the course, running as a two-year pilot from this autumn.

The company is also looking to help postgraduates come to terms with business issues by offering residential weekend courses for Numark members. Mr Norris says the company is close to finalising training through Stirling University's School of Retail Studies.

Anticipated topics include financial planning, personnel, marketing and promotion.

Numark's other big autumn activity is the re-structuring operation, which is "on course", says Mr Norris. The entire proposition will be presented to pharmacists in November.

## 1993-4 Scots stats

In the year ending March 1994, pharmacists in Scotland dispensed 48.3 million prescriptions, generating gross costs of £406.8m. The ingredient cost per prescription is £6.95. In June, 4.23 million prescriptions were dispensed, with ingredient costs of £31.7 million and gross costs of £37.1 million.

## Pharmacy Caremark

Caremark, who operate domiciliary healthcare services to 1,200 patients, is to appoint a pharmacist to develop its pharmaceutical services. The successful candidate will initiate clinical audit, practice research and pharmaceutical training and education.

## Alternative guide

The new Health Education Authority *Guide to Complementary Medicine and Therapies* gives almost full marks to homoeopathy and aromatherapy for popularity, medical credibility, scientific research and availability. The Bach flower remedies received just over half marks.

## Health Shop

Pharmaceutical services within Lambeth, Southwark & Lewisham health commission are being promoted in a new public 'Health Shop', opening at the end of September, tel: 071 716 7078.



## Lightweight oxygen for N Ireland

Pharmacists in Northern Ireland should soon be able to supply lightweight oxygen cylinders to patients.

Contractors were promised these cylinders two years ago and have become concerned about the delay. The size F cylinders they currently supply are 10lb heavier than the ones available in England, causing difficulties in storage, carriage and setting up.

BOC's general manager of medical gases, Bob Hill, told *C&D* this week that 6,000 new lightweight cylinders would be arriving in Belfast between October and December.

"It will take time for them all to be put into the market, but we are hoping they will meet customers' needs," he said.

## Help team reaches out

Somerset Family Health Services Authority is planning to extend its pharmacy/GP liaison scheme, following a successful eight-month trial.

The FHSA's prescribing advisory team is now ready to take on 13 pharmacists, while some of the original members are considering extending the service into nursing homes where patients' medication will be reviewed on an individual basis.

The new members, plus five from a similar scheme running in Gloucester, are expected to start training at the end of this month.

The scheme, in which seven pharmacists currently take part, was set up at the beginning of the year with the aim of improving the quality of care and the cost-effectiveness of the prescribing on offer in the region. Participating pharmacists are each being paid £120 per GP session with a budget for a maximum of 10 sessions per pharmacist per year.

Following the trial, some practices have begun to look in detail at their antibiotic prescribing practices and the FHSA has also tracked a distinct change in prescribing costs.

It is hoped that the scheme will run indefinitely, depending on its cost-effectiveness. Pharmaceutical officer Richard Purchase is optimistic about funding as Somerset FHSA is "very positive about the role of pharmacy in the provision of health advice".

The Somerset scheme is analogous to the West Midlands' Impact scheme, where pharmacy 'representatives' have a 'patch' of 25 GP practices to cover, but differs in that participants only liaise with one or two practices.



## Breaking the silence on the £4.75 barrier

I frequently collect a prescription tax of £4.75 for items which would be less on private prescription, but then have to keep my mouth firmly shut because the drug is a Prescription Only Medicine. However, for those items which can be purchased I am pleased to offer the patient the alternative of cash purchase, with the inevitable and grateful result!

This anomaly militates against the patient who has been prescribed a POM, but according to the NHS Executive there is no way that an FP10 can be treated as a private prescription, and to do so would be a breach of the pharmacist's terms of service (*C&D* September 10, p381).

Now I have no desire to encourage the prescribing of low-cost items to NHS patients on private prescription because the price war which would probably result can do nothing but harm to the profession. But equally this appears to be a

harsh interpretation of the regulations, aimed more at protecting the interests of the Treasury than allowing the patient a fair deal.

The answer would be to scrap the prescription tax and charge a levy at the point of usage, but I imagine the whole medical profession would revolt at this suggestion and fairness rarely comes into political considerations. I suppose I will continue to bite my tongue, charge £4.75 and say nothing, but remind the local surgeries that certain drugs will be invariably cheaper than the prescription tax if supplied privately.

## Indigestion over my credibility

I have never been overly impressed with the ethical presentation of some OTC antacids, but as one manufacturer has descended the slippery slope of treating them like sweets, so the others have blindly followed suit.

This week saw the launch of new Aniseed Rennie and new Alpine Mint with Lemon Remegel from the respective stables of Roche and Warner Wellcome. All this activity sees a change from formulating to improve palatability — a development of which I thoroughly approve — to the present scramble for tasty gimmicks to attract 'new' users.

The net effect is to remove the last vestige of respect I have for the traditional treatment of a condition that is potentially serious. In contrast, as H<sub>2</sub>-inhibitors are introduced to the market, the most stringent control is expected in order to protect the public from their own worst excesses. The result has been a less than expected usage of these effective drugs, while flavoured chalk flourishes in the wondrous world of confectionery lookalikes.

It has now reached the point where my credibility as a community pharmacist is

threatened every time I am asked for Rennie, Tums or Remegel. "Yes, sir. Have you had these symptoms for long? Have you a history of gastric problems? Are you on any other drugs? Are you losing blood or suffering weight loss? That's fine! What flavour would you like: mint, orange, lemon — or why not try the latest rhubarb and custard flavour?"

I try my best to treat medicines with respect but when that effort is deliberately thwarted by the marketing excesses of Roche, Beecham, Warner Wellcome *et al*, then I have to look elsewhere to maintain my own credibility.

Fortunately there are more ethical products available in both traditional and newer formulations. These will now be my preferred route of recommendation.

## Playing field has generic list ...

An interesting insert in last week's *C&D* encouraged me to purchase generic gamolenic acid at a huge discount against the price that I would expect to be paid for an FP10 written generically.

Leaving aside the ethical considerations of a price that would provide me (if I was receiving such scripts) with a profit on return of 146 per cent, I find it disturbing that, because the script is written generically, it is perfectly legal to supply an unlicensed product. I understand that Scotia has invested huge sums in order to obtain product licences for gamolenic acid, but that the present drive towards generic prescribing could jeopardise that investment.

Having satisfactorily demonstrated to the licensing authorities the safety and efficacy of the product, Scotia then has to stand aside and not only see that market eroded by cheaper generic alternatives, but alternatives which have not had to face the rigorous and costly licensing procedure.

This is a loophole presently being exploited for massive gain on the one hand but unjustified loss on the other. The level playing field has developed a severe list and should be righted ... urgently.

# Topical REFLECTIONS



# Scriptspecials

## New HIV treatment from Roche

Hivid (zalcitabine, ddC) is a new drug, approved as a monotherapy treatment for adult patients with advanced human immunodeficiency virus (HIV) infection who are intolerant to zidovudine (Retrovir) therapy, or who have experienced disease progression while receiving zidovudine.

Zalcitabine, a synthetic analogue of a naturally occurring nucleoside, was initially synthesised in 1967 and tested as a potential anti-cancer drug.

In the mid-1980s its potential as a treatment for AIDS was

discovered. In 1987 Roche was awarded an exclusive licence by the US National Institute of Health to develop and market the compound.

Zalcitabine is an inhibitor of the reverse transcriptase enzyme, an enzyme unique to the virus which is essential for infection and replication of HIV. Zalcitabine is activated within the cell to create an alternative substrate for the HIV-reverse transcriptase enzyme.

However, it is important to inform patients that Hivid is not a cure for HIV infection and the drug has not been shown to reduce the incidence or frequency of illnesses associated with advanced HIV infection, including opportunistic infections.

A study comparing zalcitabine with didanosine (ddI) concluded that zalcitabine is at least as efficacious as ddI in delaying disease progression and death. Both drugs should not be given concomitantly.

The optimal dosage regimen remains unknown but, based on the results of clinical trials, the Data Sheet recommends a dose of 0.75mg three times daily.

Hivid has been shown to act additively or synergistically with other anti-HIV agents, particularly zidovudine and interferon alpha, inhibiting HIV replication

in cell culture.

The safety of Hivid in asymptomatic HIV-infected people has not been established.

The major adverse effect associated with Hivid is peripheral neuropathy which occurred in 20-23 per cent of patients taking part in clinical trials. The nerve damage is potentially irreversible, especially if the treatment is not stopped immediately.

The Data Sheet also recommends that Hivid should be administered under the supervision of a doctor with experience in treating patients with HIV infection.

The film-coated tablets are available in two strengths: 0.750mg or 0.375mg zalcitabine. The basic NHS prices for 100 tablets are £158.71 and £104.20 respectively.

A freephone information line has been set up for health professionals. **Freephone Hivid. Tel: 0800 387189.**

Dr David Hawkins, consultant physician and lead clinician HIV services at Chelsea and Westminster Hospital, says: "We have now considerable experience from compassionate use with ddC and have found it to be well tolerated with an acceptable toxicity profile." **Roche Products Ltd. Tel: 0707 366000.**

## Lamotrigine monotherapy in epilepsy

Patients with newly-diagnosed epilepsy could benefit from monotherapy with lamotrigine (Lamictal), which is as effective as carbamazepine or phenytoin but better tolerated.

Results of clinical studies of lamotrigine monotherapy, carried out by Dr Martin Brodie in Glasgow, were presented at a satellite symposium to the first European Congress of Epileptology in Portugal recently.

Lamotrigine was compared with carbamazepine in 260 patients for 48 weeks. The proportion of patients remaining seizure-free at the end of the trial period was almost identical for both drugs. However, more patients receiving carbamazepine withdrew from the study because of side-effects.

A double-blind comparative study of lamotrigine and phenytoin also found the efficacy of both the drugs was similar, but lamotrigine was better tolerated.

Lamictal is presently only licensed as add-on therapy for partial seizures and secondary generalised tonic clonic seizures not satisfactorily controlled with other anti-epileptic drugs. Dr Brodie emphasised that it should not be recommended for non-licensed indications.

• Wellcome has submitted a registration dossier for the use of Lamictal as monotherapy, based on the results of the trials.

### CFC-free MDIs

3M Pharmaceuticals is in the process of submitting registration dossiers for the first CFC-free salbutamol metered dose inhaler to regulatory authorities in 21 countries, including all of Europe. Approval for the products is expected in the UK in 1995. **3M Pharmaceuticals. Tel: 0509 611611.**

### Kytril for kids

Kytril (granisetron) IV is now licensed in children for the prevention or treatment of nausea and vomiting induced by cytostatic therapy. The recommended dose for children is a single dose of 40mcg/Kg body weight (up to 3mg) administered as an intravenous infusion, diluted in 10-30ml infusion fluid and administered over five minutes. **Smithkline Beecham Pharmaceuticals. Tel: 0707 325111.**

### Eczema hotline

A freephone telephone information and advice line on eczema has been set up to co-incide with National Eczema Week which runs from October 1-8. The telephone line, written and presented by Dr Chris Steele, has been sponsored by a grant from Glaxo Dermatology. Callers can select from three options: 'What is eczema?', 'Can eczema be prevented?', and 'The treatment of eczema'. The number is **0800 854435**.

### Duphalac Solution

Duphar Laboratories has introduced Duphalac Solution — not Duphar Solution (C&D August 27, p304) in a pre-pack bottle (200ml, £3.50) for over the counter sale to patients. **Duphar Laboratories Ltd. Tel: 0703 472281.**

## L-Carnitine licensed for UK

Co-pharma is launching the first licensed L-carnitine in the UK. The Carnitor range is approved for the treatment of primary and secondary carnitine deficiency in adults. The oral single dose solution (1g/10ml) and a 30 per cent paediatric solution are available now and will be followed shortly by a chewable tablet and a 1g/5ml injection.

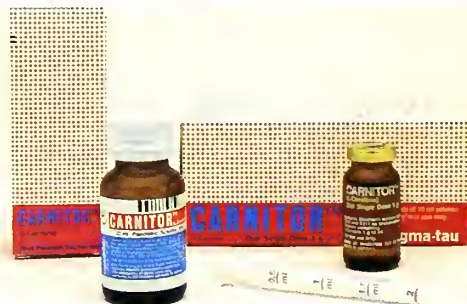
L-Carnitine is required for the transport of long-chain fatty acids into the mitochondria for oxidation. Carnitine deficiency may be caused by genetic disorders or result from reduced synthesis in liver disease or excessive loss from dialysis.

The recommended dosage for the paediatric solution is 100mg/Kg daily, not usually exceeding a total of 3g. For adults

and children over 12 the daily dose is 10-30ml of the single oral dose in divided doses.

However, the dosage should be adjusted according to the clinical response of the patient and the severity of the condition. Both presentations can be drunk directly or diluted further in water or fruit juices.

The oral single dose solution (1g/10ml) is a colourless or light yellow-coloured liquid in 10ml amber bottles. The basic NHS price for a carton of ten is £35. The basic NHS price for the paediatric solution 30 per cent (20ml), containing L-carnitine 30 per cent w/v, is £21. **Co-pharma Ltd. Tel: 0923 710934.**





For relief  
from itching  
and  
inflammation,  
employ a  
double agent.

Presenting Double Agent Eurax Hc.

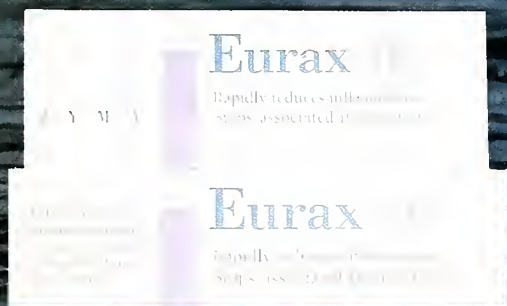
Mission: To locate and eliminate itching  
and inflammation.

Weapons: Crotamiton to relieve itching,  
Hydrocortisone to reduce inflammation.

Duration of Mission: Up to 10 hours.

Status: The only combination steroidal  
product available OTC.

Eurax Hc. Licence to Quell.



ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

**ACTIVE INGREDIENTS:** Eurax Hc contains Crotamiton BP 10% and Hydrocortisone BP 0.25%. **Indications:** Relief of inflammation and pruritus associated with irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **DOSAGE AND ADMINISTRATION:** Adults and children over 10 years: Apply sparingly over a small area twice a day for a maximum period of 1 week. Occlusive dressings should not be used. Not recommended for children under 10 years. **Contra Indications:** Hypersensitivity to any component of the formulation. Bacterial, viral or fungal infections of the skin. Acute exudative dermatoses. Application to ulcerated areas. Use on the eyes/face, ano-genital region, broken or infected skin including cold sores, acne and athlete's foot. **Side-effects:** Occasionally at the site of application signs of irritation such as a burning sensation, itching, contact dermatitis/contact allergy may occur. Use in pregnancy and lactation. Use in pregnancy or lactation should only be at the doctor's discretion. **LEGAL CATEGORY:** P. **PRODUCT LICENCE NUMBER:** 0001/SO10R. **DISTRIBUTOR:** Zyma Healthcare, Holmwood, RH5 4NU. **DATE OF PREPARATION:** June 1994. **PRICE:** £2.49.



# All Night pain relief.




New Anadin All Night is a unique controlled-release aspirin formulation, specifically designed to relieve pain throughout the night. Anadin All Night tablets become fully degraded just 10-15 minutes after dose administration, releasing hundreds of polymer-coated aspirin particles. Each particle is coated with between 1-6 layers of polymer which allow a gradual release of aspirin over time. This sustained release action provides analgesia which is still effective after 10 hours, thereby permitting pain-free sleep. And because

**it is gradually dispersed throughout the GI tract, local gastric side-effects may be minimised.**

**Anadin All Night is being supported by a £1.7 million launch campaign on TV and national press with**

**extensive pharmacy education and point of sale materials. For the seven million people who suffer night-time pain this could be the analgesic they've dreamed of.**

**AVAILABLE ONLY FROM PHARMACIES**

**Indications:** For the relief of mild to moderate pain, particularly overnight treatment. **Dosage:** Adults and the elderly: Two tablets 4 to 6 hourly, depending on pain. **Presentation:** Sachetised tablets for oral administration. Each sachet contains 500 mg of Paracetamol. **Uses:** For the treatment of mild to moderate pain, particularly overnight treatment. **Contra-indications:** Active peptic ulceration, bleeding tendency, hypoprothrombinemia, vitamin K deficiency, haemophilia, angioneurotic oedema, severe liver or kidney disease. **Children under 12:** Not recommended. **Interactions:** May potentiate the effects of oral anticoagulants and hypoglycaemic and antidiabetic drugs. **Side effects:** May cause drowsiness, dizziness, headache, nausea, vomiting, diarrhoea, constipation, skin rash, allergic reactions, liver and kidney damage. **Effect on ability to drive & use machines:** None known. **Incompatibilities:** None known. **Use in pregnancy:** Not recommended. **Overdosage:** Only persons usually sensitive to aspirin will show symptoms of overdosage. Severe hyperventilation, fever, restlessness, ketoacidosis, respiratory alkalosis and metabolic acidosis, hypoglycaemia and hypotension may occur. Treatment of overdosage should include gastric emptying, oral or intravenous administration of sodium bicarbonate solution, and if necessary, intravenous administration of 50% glucose. **Pharmaceutical prices:** Store in a dry place, at a temperature not exceeding 25°C. Legal category: **OTC**. **Product licence no.:** PL 0165 0173. **Date of preparation:** May 1994. **Shelf life:** 2 years. **Price:** P&P £1.95 £3.95. **Wholesale Laboratories Limited, Tapscott, Berkshire RG6 2PH.**  **Whitehall**



# Counterpoints

## Atrixo takes an intensive approach

Beiersdorf is extending its £6 million Atrixo hand care brand to a new variant — Atrixo Intensive Protection Cream.

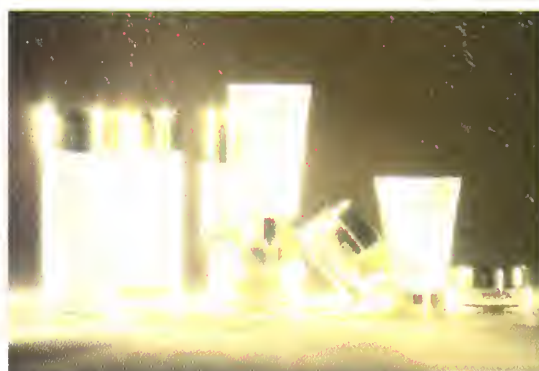
Of the £83.6m skin care market, hand care takes the lion's share with 54 per cent, and the company claims Atrixo is the leading hand cream with a 13 per cent share.

The new product has only one sku (a 200ml tub retailing at £3.29) and boasts an 'original formula'. When Atrixo was relaunched last year, it was reformulated to make it lighter and chamomile extract was incorporated. The new variant returns to the original, heavier formulation.

The company is confident that the brand will grow by a third through the introduction of the intensive variant. It is supporting the launch with a £1.1m ad spend in

the women's press in mid-November, along with a 5 million sachet sampling campaign. It is

available from September 19. **Smith and Nephew Consumer Products Ltd.** Tel: 021 327 4750.



## Ageless appeal of Eterna 27+

Revlon is updating Eterna 27+ — launched in 1961 as the first skin care product claimed to combat the signs of ageing.

It now incorporates the latest developments in skin care technology and research into ageing, says Revlon.

The Eternagen complex, Eterna's exclusive blend of ingredients with high moisturising and nourishing properties, has been retained. But this is now combined with ingredients claimed to prevent the decline in quality of skin cells by protecting the telomeric DNA which helps them to replicate accurately. This process becomes flawed as the skin ages.

The protective telomeric complex contains vitamin E as an antioxidant, vitamin F derivatives and zinc compounds. Other ingredients in some of the products in the range include vitamins A, C and B5. Some also contain UVA/UVB sunscreens.

Nanospheres target the ingredients to the skin's basal layer where cell replication takes place.

There are eight products

in the Eterna 27+ range: softening cleansing milk (200ml, £12.50), soothing toning water (200ml, £12.50), 24-hour repair cream (50ml, £19.50) and fluid (50ml, £17), correcting eye cream (15ml, £16.50), instant wonder cream for extra dry skins (50ml, £26), night recovery serum (30ml, £22) and 10-minute recharge mask (75ml, £14).

The launch in November will be supported by advertising featuring Lauren Hutton.

• Advertising for new Colourstay lipcolour is to appear on television late in October and in the press from October to the end of the year, featuring Cindy Crawford and Claudia Schiffer. For the launch there is an introductory offer of £2 off the normal price of £7.95. **Revlon International Corporation.** Tel: 071 629 7400.

## Designer Jeans

Gianni Versace's Jeans fragrance has arrived in the UK courtesy of Revlon.

Described as "youthful and uninhibited", the fragrance comes in eau de toilette spray variants for men and women (75ml, £19.95). Red Jeans Woman has floral and fruity scents, while Blue Jeans Man has woody notes on a warm oriental base.

The fragrances are colour-matched — blue for him and red for her — in sculptured glass bottles presented in a tin. **Revlon International Corporation.** Tel: 071 629 7400.

## Half million on Vanilla

Beauty International is putting £500,000 behind the UK release of the Vanilla Fields fragrance range.

The product is already reported to have proved a hit in the US market, where it was launched in 1993, and Beauty International is forecasting similar success in this country.

"Vanilla Fields builds on the industry's latest trend towards single note fragrances and, following the resurgence in the popularity of musk, we predict it will be the next major product in this market," says the company.

The promotional campaign will include five million scent strips placed in consumer magazines and adverts carrying the copyline "Only nature could inspire so perfect a fragrance".

The Vanilla Fields range includes 15ml, 30ml and 50ml eau de toilette sprays (£5.95, £8.95 and £12.50 respectively), 150ml body spray mist (£4.95), 200ml

shower gel (£3.95) and 200ml body lotion (£3.95). **Beauty International.** Tel: 0734 302302.



## Breath of Venice

Italian fashion designer Laura Biagiotti has brought out a new selection of toiletries to complement her Venezia fragrance range, based on the Wong-Shi flower.

The new products are a Beauty Bath (£24.50), Shower Gel (£21.50), Body Cream (£22.50), Body Silk (£24.50) and Roll-On Deodorant (£12.50).

Venezia fragrances start at £23 for a 25ml eau de toilette spray. **Eurocos.** Tel: 081 231 8759.

## Suntan snow-how for skiers

The Health Education Authority has started a programme to highlight the dangers of sunburn while skiing.

The Snow Know How campaign uses the acronym RAW (standing for Reflectivity, Altitude and Wind burn) to remind skiers of the key risks.

The HEA states that reflection from freshly fallen snow can increase

the amount of ultra violet rays hitting the body by up to 85 per cent. At an average piste altitude of 2,000 metres, the levels of UV radiation are twice as high as at sea level.

Adding to the dangers of the slopes, cool air temperatures give skiers the impression that they are not burning.

To safeguard their skin, the HEA recommends all

people who ski to wear UVA and UVB filter goggles, a ski hat to protect the head and neck, and to use high protection factor sun block on all exposed skin.

According to the latest Mintel's Leisure Intelligence report, 585,000 Britons went skiing in the 1993/1994 season. **Health Education Authority.** 071 383 3833.



## Scholl targets verrucas

An easy-application verruca plaster has been launched by Scholl.

The Verruca Removal System comprises an adhesive disc containing salicylic acid, with a padded layer for comfort. It is supplied in shelf-ready packs of six, priced at £3.19.

"The system is unique and contains no liquid or paste that can be messy and spread to healthy areas of the skin, causing damage," says Scholl.

The company maintains that around 10 per cent of



the population suffer from verrucas, with 60 per cent aged 10-14 years old.

**Scholl Consumer Products Ltd. Tel: 0582 482929.**

## Vicks' winter blitz

Procter & Gamble aims to strengthen its pharmacy ties by putting the bulk of its winter promotional efforts behind Vicks' P-line medicines.

The GSL sector is not to be forgotten, however, as the company is adding a dry/tickly variant to the Vicks Original Formula range from November. Both products are being repackaged to bring them into line with the rest of the Vicks range.

The new variant contains honey and levomenthol and is suitable for use in children over six and adults. For adults and children over 12, the dose is two 5ml spoonfuls every three to four hours, to a maximum of six doses per day. The dose should be halved for children aged 6-12 years. It will retail at £1.99 for 200ml.

P&G is highlighting its pharmacy relations as "there is no point in spending on TV advertising if you are not acting synergistically with pharmacists", says P&G's professional services manager, George Jessen.

As a result, the Vicks winter promotion schedule highlights pharmacy activity. The main thrust of the campaign will focus on Ultra Chloraseptic. A £1.2 million television spend will build on the 'Mrs Thomas' campaign which ran for the product's predecessor, Chloraseptic. It will also be the focus of pharmacy retailing, with counter units available, and will be strongly featured in the

Vicks' winter deal.

On the decongestant side, adverts in the parenting press, running from October to March, will have a novel scratch and sniff panel. Rounding off the campaign will be £0.9m Vaporsyrup support

and a range of Vicks' shelf-edgers.

Merchandisers are being produced which can be added to and adapted for other P&G products and promos throughout the year. **Procter & Gamble. Tel: 091 279 2000.**



## Big Apple bonus



Pharmacists who take part in Healthcrafts' autumn promotion for its new vitamin twinpacks and 'extra fills' will get the chance to win a shopping break in New York.

To enter, between one and 59 cases of product have to be ordered. These will be supplied with a

17.5 per cent discount and free POS material.

Pharmacists ordering 60 or more will receive either a special tower display unit and £25 towards local advertising, or £50 for local advertising support.

At the next stage in the contest, pharmacists have to arrange a window feature of Healthcrafts' and SuperTed children's vitamins. The three best display entries will win a four-day shopping trip to New York (worth £1,800).

Twinpacks and extra fills will be available this autumn on Healthcraft's 30s packs of Multi-Vitamins with Iron and Calcium (£2.99), Time Release Multi-Vitamins and Minerals, and Antioxidant Multi-Vitamins and Minerals (both £3.99).

An extra 20 per cent will be offered on 30s and 90s packs of High Potency Vitamin C 1mg, 30s of Compleat Cod Liver Oil capsules, 36s of 600iu Natural Form Vitamin E capsules, 60s of SuperTed ACD and SuperTed Multivitamins, 30s of 500mg and 1,000mg Evening Primrose Oil and 2mg Odourless Garlic. **Ferrosan Healthcare. Tel: 0932 336366.**

## Floss revolution

Oral-B believes it will consolidate its leadership of the UK floss market with a "revolutionary" new product.

Ultra-Floss is made of interlocking fibres which stretch and flex under tension to get into the tightest of spaces between teeth and, according to Oral-B, it has been clinically proven to remove greater levels of plaque



than conventional flossers.

The company claims that the floss market has increased in value by 18 per cent since 1993 and that it now has a 40 per cent share of sales. **Oral-B Laboratories Ltd. Tel: 0296 432601.**

## Brewhurst deal for ACE drink

The new ACE Beta Carotene Fruit Drink from the Natural Fruit and Beverage Company has been taken on by the UK's largest independent health food distributor, Brewhurst.

Danny McGeough, national sales director of the Glasgow-based drinks maker says that, following their success in the US and Japan, food supplements containing Vitamins C, E and beta carotene are now increasingly popular here.

"The market for food and drink fortified with antioxidant nutrients is projected to expand worldwide over the next few years and we are confident that ACE will rapidly become a dominant player," says Mr McGeough.

ACE (rsp £0.89-£0.99) is a blend of nine fruit flavours in a whey base. A single 250ml serving provides 50 per cent of the RDA of vitamins C and E, claims its manufacturer.

It comes in a frosted glass bottle and has a shelf-life of nine months. **The Natural Fruit and Beverage Company. Tel: 041 551 8778.**

## Mentholatum's sigh of Deep Relief

Mentholatum's latest product, Deep Relief Gel, is a sister brand to its Deep Heat range.

Aimed at middle-aged women who suffer from chronic inflammatory pain, Deep Relief eases aches by harnessing the anti-inflammatory activity of ibuprofen (5 per cent concentration), coupled with the instant cooling action of 3 per cent natural menthol.

Adults and children over 14 should apply a thin layer of gel (approximately 50-125mg of ibuprofen) to the affected area no more than three times a day. Use is contra indicated in children under 14 years, patients hypersensitive to ibuprofen or aspirin, asthmatic patients whose attacks are precipitated by

aspirin and NSAIDs, or those with broken skin. Patients with renal problems should consult their doctor before using Deep Relief, and use in pregnant or lactating women should be avoided.

Deep Relief will be on-shelf at the end of the month and is available in 50g tubes (retail £4.29,

trade £2.63). Trial size 15g tubes will be available for the launch period only. A POS shelf/counter unit can hold 5 x 50g tubes.

The launch is to be supported with a £1 million media and promotional spend including TV advertising. **Distributor: Jenks Group. Tel: 0494 442446.**





# WHEN THE QUESTION IS PAINFUL PILES THERE ARE GOOD REASONS WHY YOUR ANSWER SHOULD BE HEMOCANE

When a customer asks you to recommend an effective remedy for painful piles, HEMOCANE may not always be the first one that you think of.

However, once you've seen the evidence from a recent follow-up study based on over 11,000 new users, we think you'll have good reason to recommend HEMOCANE first.

## Fast-acting HEMOCANE

HEMOCANE contains five active ingredients to provide fast, effective relief from the misery of piles.

No other OTC product has this logical combination of ingredients.

- Lignocaine, for immediate and effective relief of pain and discomfort
- Two proven antiseptics, benzoic acid and cinnamic acid, to help the healing process
- Plus, the protective agents, bismuth oxide and zinc oxide to soothe irritation and burning as well as reducing discomfort

We're confident that HEMOCANE will be the answer to your recommendation questions. If you still need convincing write off for a professional sample\* to: HEMOCANE Professional Sample Offer, FREEPOST RG494, Wokingham, Berkshire, RG11 1BR. And, remember to ask your Intercare representative about the SPECIAL BONUS DEALS available during July and August. So, recommend soothing HEMOCANE - not only to help with problem piles but to help ensure satisfied, loyal customers.



## The HEMOCANE Evidence<sup>1</sup>

1. The study confirmed that over 93% of new users rate HEMOCANE as better than their current haemorrhoid product.
2. The two leading reasons for liking HEMOCANE were the speed of pain relief and ease of use.
3. Over 90% of trialists rated the product as "good" or "very good" in the relief of pain and soothing of itch/burn, the two major causes of discomfort.
4. Over 90% of new HEMOCANE users say they will use it again.

These results confirm you can confidently recommend the soothing action of HEMOCANE to ensure satisfied users and repeat purchases.

## Non-staining, Non-greasy, Easy to Use

The ingredients are combined in a non-staining, odourless formulation. Available as suppositories or as a thick, non-greasy cream with its own unique applicator, making it easy and convenient to use, just where it's needed.

Efficient  
application direct  
to the site of  
irritation



**PRESENTATION:** Hemocane is available in both cream and suppository form. **Cream:** Smooth, white, odourless cream containing five active ingredients: Lignocaine Hydrochloride BP 0.65% w/w, Zinc Oxide BP 10% w/w, Bismuth Oxide 2% w/w, Benzoic Acid BP 0.4% w/w, Cinnamic Acid BP 0.45% w/w. The cream is supplied in 25g & 45g tubes together with an applicator for use in the treatment of internal haemorrhoids. **Suppositories:** Ivory coloured 2gm torpedo shaped suppositories containing five active ingredients. Lignocaine Hydrochloride BP 11mg, Zinc Oxide BP 300mg, Bismuth Oxide 25mg, Benzoic Acid BP 8mg, Cinnamic Acid BP 9mg. The foil-wrapped suppositories are supplied in packs of 12 suppositories. **USES: Indications: CREAM:** for the effective treatment of the symptoms of internal and external haemorrhoids. **SUPPOSITORIES:** for the effective treatment of symptoms of internal haemorrhoids. **RECOMMENDED DOSAGE: ADULTS: CREAM:** Apply Hemocane Cream to the anal area as required, especially morning, evening and after bowel movements. **SUPPOSITORIES:** Use one suppository morning and night, and after bowel movements. **CHILDREN:** Not recommended. **CONTRA-INDICATIONS, WARNINGS:** Sufferers from haemorrhoids are advised to consult a doctor. If the symptoms persist or, worsen, or an allergic reaction or rectal bleeding occurs, discontinue use immediately and consult a doctor. The products are for external use only. **Pharmaceutical Precautions:** Cream: Store in a cool place. Suppositories: Store in a cool, dry place. **Legal Category:** Cream GSL. Suppositories GSL. **Product Licence Number:** Cream PL 0255/0020 Suppositories: PL 0255/0017



Intercare Products Limited, The Business Centre, Molly Millars Lane, Wokingham, Berkshire RG11 2QZ.



A SANDOZ COMPANY

Reference: 1. Data on file, Intercare Products Limited.  
\*Only one tube of HEMOCANE per pharmacy throughout the campaign.



## POS back-up for Pepcid

Centra Healthcare is following up its Pepcid AC TV advertising campaign with a new range of POS material.

The pack includes pharmacy window displays, counter show cards, an acrylic counter unit with consumer leaflets, a shelf-edger and Pepcid AC jumbo pack.

All the material uses the same theme as the TV advertising. The commercials continue to run in all ITV regions. **Centra Healthcare. Tel: 0494 450778.**



## Swiss set to fight fakers

Switzerland's leading cosmetics companies have joined together to combat counterfeiting of their products.

To date the Swiss Cosmetics Manufacturers Association has ten members, including leading nail care company Mavala. Its aim is to "defend genuine Swiss cosmetics" against the growing problem of counterfeiters and to provide customers with a guarantee of authenticity.

The latter comprises the Association's internationally-registered label which will appear on all manufacturers' merchandise and promotional material.

The SCMA is supported by the Swiss Ministry of

Trade and, it says, by recent directives from Brussels and GATT agreements on 'mark of origin protection'.

The Association says it

will also take action against anyone making wrongful use of the term "Swiss" on their products. **Mavala (UK) Ltd. Tel: 0732 459412.**



## New blooms from Fleur

Fleur Aromatherapy is adding Tangerine to its range of essential oils.

The new product is blended with neroli and lavender and is being launched after frequent requests from pregnant women. It is claimed to help prevent stretch marks and to have a tonic and stimulant effect on the digestive system.

In an effort to boost sales of its Melissa True oil, Fleur has also brought out a new cheaper version mixed with Jojoba in a 3 per cent dilution.

The company has a Christmas gift pack offer, with one free pack of Cinnamon Leaf, Orange or Eucalyptus oil for every five gift packs purchased between September 15 and December 15. **Fleur Aromatherapy. Tel: 081 444 7424.**

## Fujifilm focuses on Quicksnap

Fujifilm is giving another push to the fastest-growing sector of the photographic industry — single use cameras — with new dispensers for its Quicksnap range.

The display units come in two versions, one for the standard Fujicolor Quicksnap and the other for the Quicksnap Flash. Each carries five pre-loaded cameras. **Fuji Photo Film (UK) Ltd. Tel: 071 586 5900.**



## Attends Ultra update

Procter & Gamble has announced that the minimum order for Attends Ultra Care has been increased from 15 to 20 mixed cases. Prices have been increased and revised quantity discount bands introduced for bulk purchase.

The company has also discontinued its Daisy Maxi Pad range because the features of the product have been incorporated

into Attends Ultra Care Shaped Pads. Daisypants and Attends Stretch Pants have been superseded by New Attends Ultra Care Lycra Stretch Pants.

In another change, due in December, 38-, 28- and 26-packs will replace the 36/22/20 sizes in the Attends Ultra Care Extra/Super/Super Plus Shaped Pads range. **Procter & Gamble. Tel: 091 279 2000.**

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast Television	W Westcountry

Bodyform Invisible:	All areas
Gliss Corimist:	C4, GMTV
Neutrogena T-Gel:	All areas
Nivea Visage:	All areas
Nurofen:	All areas
Organics:	C, A, HTV, W, M, LWT, CAR, C4, GMTV, BSkyB
Palmolive 2 in 1:	All areas
Pepcid AC:	All areas
Rennie:	All areas except CAR
Savlon:	All areas
Sure:	C, A, HTV, M, LWT, CAR, C4, BSkyB
Zoflora:	GMTV

## Bemax overhaul

Bemax has been given an image overhaul by new owner John H Heron. The company also plans to widen distribution beyond pharmacies.

Following its acquisition from Smithkline Beecham, new 500g packs have been designed for the toasted wheatgerm product highlighting the fact that it can be eaten with other foods — cereals and soups for example — and also used as a cooking ingredient.

Heron says it has also improved the flavour and texture of Bemax and introduced clear Cellophane sachets inside the box "for extra freshness".

Heron is mounting a trade and consumer advertising campaign for the brand. **John H Heron Ltd. Tel: 0405 764271.**

## Philips Domestic Appliances & Personal Care Collection 94/95



Trade only

PHILIPS

The 1994-95 trade catalogue from Philips Domestic Appliances and Personal Care Division is now available. The full-colour publication features over 150 products, including 39 new ranges, and gives reference charts spelling out the key features of each item. The launch of the new catalogue coincides with Philip's major promotional and advertising campaign of the year. **Philips DAP. Tel: 081 689 2166**





News like this doesn't happen in the cold and flu market every day.

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# Chemex buzzes after health/beauty split

**Despite the recession, pharmacists and their staff turned up in force at Chemex '94 in numbers that matched 1993 — well over 4,000 over two days — and generated a buzz not felt for three or four years, according to exhibition director Peter Jakeman**

"Pharmacists have realised that the only way to do business is to come out from the dispensary — and that despite the recession," Peter Jakeman told Chemex sponsor *Chemist & Druggist*.

David O'Sullivan, marketing director of Warner Wellcome Consumer Healthcare, agreed: "Chemex '94 was very interesting, very exciting and very busy." Mr O'Sullivan said he was delighted with the interest shown in the new OTC combine and its new product activity. "We did a lot of good company PR through speaking with pharmacists one to one."

Numark managing director Terry Norris was similarly pleased with interest shown by pharmacists in the impending

switch to retailer, rather than wholesaler, shareholding, while the National Pharmaceutical Association business services manager, Trefor Williams, reported that there was phenom-

enal stand traffic on the Sunday.

Among the smaller companies Torbet Laboratories reported good interest from overseas, as did Kingfisher, both on a solid UK order platform.



## Get to grips with Numark

The increasing elderly population is an area that offers huge potential for pharmacists, according to Numark's managing director, Terry Norris.

Helping the aged overcome some of the difficulties they encounter is one of the reasons behind Numark's new Easier Living display pack. The other is the opportunity for pharmacists to capitalise on its "unique healthcare retailing".

Priced at £139, the pack includes 17 best-selling items from the Easier Living range, POS and a catalogue dispenser. Another bonus is a 5 per cent increase on profit margins, now at 25 per cent.

## Guarantee fixed in gold

Goldshield launched an offer which is guaranteed to make pharmacists' eyes light up. As the company has taken over products and their margins from other manufacturers, such as Smithkline Beecham, managing director Ajit Patel was searching for a way to give pharmacists a better deal.

Consumer research revealed that pharmacists are more concerned with overall profit, rather than basic margins. Price promotions are generally the way round this, but these usually only last for one sales representative's round. Mr Patel has, therefore devised the Goldshield Guarantee which gives pharmacists margins ranging from 54-66 per cent on products across the company spectrum — fixed until December, 1995.

Pharmacists register with Goldshield with their first order, and thereafter are entitled to the long-standing bonus deals. Each guarantee is signed by Mr Patel.

## Complete Nomad system

With the care home market for monitored dosage systems well covered, pharmacists should now target the community sector, says Surgichem.

Producer of the Nomad CDS system, Surgichem has produced a range of accessories "to give a totally complete system", comments managing director Norman Niven.

Hinged around the CDS Pack, offering a seven-day medication cassette and extra space for storing creams and drops, the system has space to comply with European regulations on patient information leaflets being distributed with medication. A Solo Pack offers the same benefits, but without the space to hold extra

non-tablet medicines.

Carers may opt for the CarriPak which holds four cassettes in a lightweight carry case. A wall-mounted Medication Centre, holding a CDS Pack and CarriPak, is especially useful for patients in sheltered housing.

Mr Niven is pushing for pharmacist funding. "We are working hard on pharmacists' behalf to get payment not only for Nomad but for other pharmacy services," he says.

The CDS and CDS Solo Packs cost £15.00, the CarriPak costs £4.99 and the Medication Centre £39.95.



Budding Nick Faldos lined up at Charwell's stand to ease the Chemex stresses with a gentle game of mini-golf. Or perhaps not so gentle, as competition was fierce to win one of the two mountain bikes, the personal CD player and the TV that were on offer to the highest scorer



Pharmacy Support Group committee member Gerald Zeidman is seen here presenting the PSG's Green Cross award to Karen Brimson, OTC group product manager at Marion Merrell Dow. According to the PSG, the pre-Chemex dinner was a runaway success, with over 240 people attending and many more turned away. New PSG leaflets were also available



Deirdre Lanigan, winner of the *Beauty Counter* 'Assistant of the Year' competition sponsored by Elida Gibbs, is pictured at Chemex with trade press manager Ian Pritchard. Deirdre has worked at the Meridian Pharmacy, Greenwich, for four years. And now she's got the keys to her Peugeot 106, she's planning to take driving lessons. Any offers?



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**COMFORTABLY EFFECTIVE**

PRODUCT INFORMATION: Preparation H Ointment & Suppositories: containing yeast cell extract 1.0% w/w, shark liver oil 3.0% w/w. Uses: Relief of the symptoms of Haemorrhoids i.e. pain, irritation and itching. Helps to shrink the tissues swollen by inflammation. Lubricant in easing painful bowel movements. Dosage: Ointment: Adults including elderly: Apply freely night and morning and after each bowel movement. Children: Not recommended. Suppositories: Adults: Insert one suppository, rounded end first, into the rectum, morning and night, and after each bowel movement. Children: Not recommended. Contraindications: History of sensitivity to any of the constituents. Other special warnings and precautions: Persons who suffer from haemorrhoids are advised to consult a doctor. Legal Category: GSL. Product Licence Number: Ointment: 0165/5014R. Suppositories: 0165/5015R. RSP's: Ointment: 25g - £2.35, 50g - £3.59. Suppositories: 6 - £1.31, 12 - £2.25, 24 - £3.99, 48 - £7.06. Date of preparation: July 1994. \* Trade Mark



Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH.



# Many hands make light work at JRC

If you are ever in the position where you need an extra computer to alleviate some of the extra workload, then John Richardson Computers' new Multi-user system may well be worth taking a look at.

Launched at Chemex, the system enables pharmacists to use two or more computers or workstations, linked together, so that patient records, stock levels, drug usage information, etc. are common to all terminals.

An extra workstation will additionally allow you to do twice the work while cutting down on waiting time. It can help in the promotion of patient record

keeping — an extra workstation on counter or in the consultation area can be used to check counter interactions and provide patient counselling — and it allows all nursing homes to be processed separately. This will avoid 'backlogs' of prescriptions and save users from constantly having to change the printer from labels to Medication Administration Record (MAR) forms, says the company.

Designed for optimum processing speed, in compliance with the Royal Pharmaceutical Society's guidelines in networking, the system provides a value for money alternative to other

multi-user systems. JRC's version comes in at £4,950.

Also unveiled at the show was an updated version of the Nursing Homes Monitored Dosage System, which offers a fully automatic and integrated procedure. This, says the company, should cut down on the times needed to produce MAR forms. Finally, a new Practical Endorsing System aims to help pharmacists to take full advantage of their generic usage.

This new package allows users to endorse "as they go, or at the end of the day". An intelligent broken bulk facility monitors usage over six months.

## Problem skin? Not with Aru Herbal

Guided by feedback from "thousands of satisfied customers", Aru Herbal Products has developed a complementary range of items based on the Aru cream and oil range.

The products are being marketed as "the survival kit for those with problem skin".

The new portfolio comprises: 120ml economy size Aru cream, rsp £10.75; 250ml borage baby lotion, rsp £6.87; 60g borage-based day cream with essential oil of geranium, rsp £4.76; 60g borage-based night cream, with essential oils of clay sage and chamomile, rsp £5.11; 250ml borage and birch shampoo, and borage and soapwort shampoo, both of which are ideal for those with dry/sensitive skin and itchy/sensitive skin, rsp £3.34; 250ml borage and soapwort liquid soap, with added essential oil of melissa for a refreshing cleanse, rsp £4.05; 250ml borage

and birch liquid soap, with added essential oil of lavender for dry/sensitive skin, rsp £3.88; 250ml borage and birch bath foam, with added essential oils of antiseptic ylang and rejuvenating bergamot, for dry sensitive skin sufferers, rsp £3.70; and 250ml borage and soapwort bath foam, with added essential oils of marjoram and petit grain for

their anti-bacterial, deodorant and stimulatory properties, for those with itchy/sensitive skin, rsp £3.53. PORs average 33 per cent.

The show also marked the launch of various special incentives which will run until Christmas. These offer free product with purchases of outers of six.

## Swell in Bach major

The much-heralded Chemex news from AC Nelson & Co has turned out to be the relaunch of Bach Rescue Remedy.

However, the success of the initiative has taken even the company by surprise. Interest was so great that staff ran out of order pads by Sunday afternoon.

The product has been re-packaged to give it a fresh, modern look — and is being

targeted at pharmacies. "Pharmacy is really important to us and as complementary remedies are becoming more important, we are having to meet the demands," says marketing manager Tom Russell.

To do this, Nelson has produced a pharmacy support package comprising three books, an audio tape and an A4 guide — backed with £500,000 trade and consumer advertising. Bach Rescue Remedy retails at £4.25 for 20ml and is available in a limited edition nine-unit merchandiser, only through Nelson's territory managers, or in trade packs of six at £13.02.



The chips were down for APS/Berk as high-living pharmacists gambled for bottles of Moët et Chandon champagne. But the glamour didn't finish with Chemex: competitors still have the chance to win holidays in Las Vegas and Monte Carlo, a day at the races or six-months' use of a Rolls-Royce

## Trans-Atlantic crossing

Eugene Van Scott pioneered the use of AHAs (alpha hydroxy acids) in the US back in the '60s and holds a patent for the use of glycolic acid.

With the continuing interest in AHA skin care, his company, Neostrata, has now set up a UK subsidiary.

To be distributed by Unichem by the end of this month, the Neostrata range comprises eight products including: AHA Smoothing Cream (£24.95), AHA Solution for Acne/Oily Skin (£24.95) and AHA Lip Conditioner (£7.95). The products contain up to 10 per cent glycolic acid.

AHA Smoothing Cream is currently the number one AHA treatment in Canada, claims Neostrata.

## Channel to repeat success

Generating repeat prescriptions via the pharmacy computer may seem like an odd idea, but Channel Pharmacy Systems is already doing just that with an operation in Dorset.

Dorset Local Pharmaceutical Committee secretary Roger King is using the package as part of a repeat prescribing pilot where he handles patients' repeat requests and produces a corresponding FP10 for the GP to sign while simultaneously labelling the patients' medication.

At the moment, the project is only being used for nursing home patients, but already the response from the homes has been very positive. "It saves so much hassle," says Mr King.

Carers need only note which medicines need dispensing, then notify Mr King.

The scheme is to be expanded to include patients outside homes until October, and two more pharmacies in Dorset may become part of the project.

"We are planning to run the system for three months to de-bug it and if necessary offer it to anyone else if they are interested. We would be more than happy if any other LPCs wanted to try the scheme," says Mr King.

And the very good news is that there is no cost to pharmacists.

Channel is giving away the specially-developed software, provided the pharmacy computer system is compatible with the Channel system. If response takes off, says Mr King, there are plans to expand the software to include automatic endorsing of the FP10s, using PPA codes.



Sime Health is marking the launch of the three new lychee-, coffee- and black cherry-flavoured Jiffi condoms with a 10 per cent discount, free £2 Marks & Spencer vouchers, T-shirt, baseball cap and poster for all orders, including a £30.20 parcel of 50 x 3 packs and presenter. New 12-condom packs were also launched at the show





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## Henkel's hubbub

Henkel's stand was a hive of activity with new product introductions, relaunches and retail promotions.

The company is extending its Thera-Med liquid toothpaste brand with a new children's variant. Thera-Med Junior is a pink liquid which features a cartoon crocodile, tying in with the image that the product is for children with 'big teeth' (aged six or over). It is available from the end of this month, retailing at £1.55 for 75ml.

In hair care, Henkel is relaunching Silkience and Adorn, as well as promoting its Henara brand with on-pack promotions.

Silkience has been reformulated with provitamin B5, collagen and the volumising abietin, and will be supported by advertising, beginning in January, with a spend of £5 million (an enormous £15m is to be spent on brand support over the next three years).

The shampoo and conditioner now feature the tag 'perfectly balanced' (the pack shows a Chinese yin-yang symbol) and have reverted to the traditional normal, dry and fine/greasy variants retailing at £1.89 for a 250ml bottle.

Hairsprays have been reduced in price to £1.19 (from £1.29 for 200ml). Adorn, the 21-year-old

brand, has been repackaged with three new hold variants (firm, ultra and natural) and is currently on promotion with a 20 per cent extra free fill. The pack also features a new spray nozzle which, the company claims, gives a finer, gentler spray. It retails at £1.09 for 200ml.

The company's Henara brand is also on promotion with a double banded pack (shampoo with treatment wax) retailing at £1.55 (only while existing stocks last).

In general purpose skin care, Henkel has updated its Nulon hand cream with a new almond formulation and new packaging. It is currently on a special promotion price of £1.49, but will regularly retail at £1.79. It is also available in a 75ml tube, retailing at £1.39. Nulon Extra Care is being phased out.

## Luscious lips

Pharmadass has introduced Liptone, a new range of exotic fruit-flavoured lipbalm.

According to company surveys of what women put into their handbags, every woman between 16-29 has a lipbalm in her bag. Hence, for Pharmadass' "smooth and exotic lips", choose from five flavours: kiwi fruit, apricot, strawberry, peach and passion fruit, all retailing at £1.79.

Each 15ml pot also includes vitamin E and a high UV sunblock. Outers of 24 can be displayed, giving the trade a rate card 33 per cent margin.

• Other news from the show is that Pharmadass is taking over distribution of Eyecare Products' (formerly Kitty Little) Fill & Foam body shampoo system. The deal will also cover the show-launched long-handled brush version of Fill & Foam, rsp £4.99.



## A bit of ooh la la

Two new French fragrance companies were exhibiting a wide range of perfumes for the first time at Chemex.

Parfums Galbarome has 35 perfumes with names such as Sweet Heart and C'est si bon. Prices start at around £1.50 and go up to £10. Its UK distributor is UCP.

Parfums Via Paris also exhibited a number of 'French label' perfumes. The company has recently set up a UK subsidiary in London. It has a range of four prestige and four middle market fragrances which it is targeting for pharmacy distribution, and a range of 50 less expensive products for wholesalers.

Exhibiting in the Overseas Pavilion was the Saudi Perfume & Cosmetics Industry, a company which produces 12 million bottles of fragrance every year — putting it in the top five of perfume manufacturers in the world. It is currently looking for a UK distributor for its wide range of perfumes (including over 120 prestige lines), but is happy to deal with retailers directly. Its three most successful fragrances are Plaisir, Pandora and Monsieur Casanova.

# THERE'S MORE TO DRY SKIN

Wash E45, an all-over emollient cleanser, and Bath E45, the long-lasting bath emollient, are just as essential for people with dry skin problems as Cream E45.

Used instead of soap, bath additives and other foaming cleansers, they continue the good work begun by Cream and

Lotion E45. Dermatologically tested, free from detergent perfumes, preservatives and other known sensitizers, E45 products complement one another and add up to a complete emollient programme for dry skin.

So next time a customer asks for your advice on a dry





Pamela Armstrong was kept busy all day on the Healthlife stand, signing copies of her new book, *The Prime of Life*. Autographed editions, plus three free Folic Acid packs, were the incentive for buying 15 products from the new five-product Ladies range

## Margins support

Bauerfeind's new Pharmacy-only Act range of knee, ankle and elbow supports (rsp £24.99) is offering an impressive 43 per cent POR. The range centres around viscoelastic 'cushions', which are said to speed up healing.

## Sole survivor

First-time Chemex exhibitor Crown Creations had on show Solefresh, a new paper-based, fragranced shoe liner. Aimed at keeping feet and footwear odour-free, packs of pre-cut sizes (3-12) rsp at £2.99 for 20 pairs.

## Revamped Pizaz

Designer Alternatives used the show to launch the new look for its Pizaz men's fragrance line. Christmas gift sets were also announced, including a bodyspray twin pack at £3.75 and an aftershave and bodyspray set at £5.75. A new 50ml eau de parfum natural spray in three fragrances (Gorgeous, Passion and Forever) is also available.

## Hit the G spot

New from Health Perception is Three G's, a 'pick me up' combining ginkgo, ginseng and garlic. Tablets combine 30.5mg ginkgo, 20mg ginseng and 54mg garlic and come in packs of 60, with an rsp of £6.99.

## Tea time

AL Simpkin & Co is to distribute the new eight-strong range of Dr Stuart's Botanical & Fruit Teas, which includes sleep-inducing and stress-reducing flavours for rsp £1.25 (blends) and £0.99 (singles). Introductory 'best seller' packs are available for a limited time for £15.70.

## Nail news

Joining the UK's nail market are Fing'rs, a 48 sku artificial nail brand, and NewCo Nails Inc's new Flo Jo, a 'nail art' range designed by the American world record-holding athlete. A UK-based distributor is being sought.

## Claydon creates

The Claydon Creations stand saw the debut of Elliot & Ashcroft cosmetics bags, with rsps starting at £2.99. Other news includes new autumn fabric for the Shimmers hair accessory range and new jewellery lines. Watch out for new EC compatible nickel-free and titanium earrings.

## Mite alert

Also seeking a UK distributor is Dublin-based Fairlie Marketing for its Mitex asthma and allergy control liners. The range includes pillow covers (£9.99), mattress covers (single, £45.99) and duvet covers (single, £55.99).



Pharmacist Mike Keep, of Nicholson & Keep, Gravesend, Kent, was the winner of the first of 200 bottles of *Chemist & Druggist* 'vintage' wine on offer on the journal's Chemex stand. Mr Keep is pictured with assistant editor Liz Jones (left) and prize draw operator Tara

## Devon delights

Say goodbye to Devon violets and hello to Devon Lavender. Summerbee Products has introduced a new line of lavender-fragranced bath products following the successful launch of its aromatherapy range.

The new line comprises of a moisturising cream (30ml, £3.25), night cream (30ml, £3.45), barrier cream (30ml, £3.25), solid cologne (10ml, £1.95), lavender water (75ml, £3.95), hand and body lotion (150ml, £4.25), bath oil (75ml, £4.25), bath sachets (pack of three, £2.95) and lavender bags (£1.95).

# ARE THAN JUST CREAM.

tion, recommend the whole range to look after the whole body. For more information on the complete skin maintenance programme provided by the E45 dermatological skin range, please contact: Crookes Healthcare Limited, Loughborough NG7 2LJ.



E45 DERMATOLOGICAL SKIN CARE





# BRAND BEATER

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- The most frequently recommended of the new topical NSAID products by pharmacists.<sup>2</sup>
- Only Oruvail gel contains ketoprofen.
- Clinically proven with excellent tolerance.<sup>3</sup>
- As effective as diclofenac gel, and more effective than piroxicam gel in soft tissue injuries.<sup>4</sup>
- Special autumn offers return 40% profit per tube sold.
- National TV advertising campaign in September and October.

## The key to deep down relief is the ketoprofen

**PRODUCT INFORMATION** **Presentation:** Colourless gel with lavender fragrance containing ketoprofen BP 2.5% w/w **Indications:** Relief of pain and inflammation associated with backache, muscular and rheumatic pain, sprains, strains and sports injuries **Dosage:** Apply a thin layer of gel to the affected area three times a day for up to 7 days. After the gel is applied it should be rubbed in well **Elderly:** As above **Children:** Not to be applied to children under 12 years of age **Contraindications:** Patients with hypersensitivity to ketoprofen, ibuprofen, aspirin or other non-steroidal anti-inflammatory agents, patients suffering from or with a history of bronchial asthma or allergic disease, exudative dermatoses, eczema, sores and infected skin lesions or broken skin. **Precautions:** Oruvail Gel should not be applied to mucous membranes or eyes, or used with occlusive dressings. Caution in patients with severe renal impairment. Should a skin rash occur after gel application, cease treatment. Treatment should not continue for longer than 7 days. If symptoms persist consult doctor. Keep gel away from naked flames **Use in Pregnancy and Lactation:** Only when prescribed by a physician - see data sheet **Adverse Reactions:** Skin reactions, including contact and localised erythema **Legal Status:** 30g Packs: P. Retail Selling Price: £3.95 (inc. VAT).

**Product Licence Number:** 12/0243. **Product Licence Holder:** May and Baker Ltd, Dagenham, RM10 7XS. **Distributor and further information available from:** Rhône-Poulenc Rorer, St Leon Road, Eastbourne, BN21 3YG **Date of Preparation:** July 1993 **References** 1. Noret, A. *et al.* *A Therapeutics*, 13: 367, 1987. 2. Taylor Nelson, Counterpoint data August 1994 3. Kocklebergh *et al.* *Medica Physica*, 8: 205-213, 1985. 4. Data on file.





# Pharmacy update

## Diabetes

Achieving effective management through diet and pharmacological intervention **i**

## Oxygen delivery

The pleasures and the pains of operating a domiciliary oxygen service **iii**

## Research digest

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# Dealing with diabetes

**The concluding part in this series on diabetes by Catherine Duggan and Ian Bates of the Centre for Pharmacy Practice, School of Pharmacy, concentrates on the management of diabetes**

From a management viewpoint, there are three categories of diabetic patients:

- The obese and mainly middle-aged or elderly patient in whom carbohydrate and total calorie restriction are sufficient to cause weight loss and promote normoglycaemia. The diabetes cannot be regarded as cured; it may reappear in times of stress or when dietary control is lost. In this group of patients, diet, appropriate exercise and education may avoid the need for pharmacological intervention.
- If, after two months of dietary restriction, the patient with Non-Insulin Dependent Diabetes Mellitus (NIDDM) remains symptomatic or persistently has a blood glucose of  $>10$  mmol/L, oral hypoglycaemics will be required. Some patients will require this intervention at an earlier stage if the blood glucose levels are markedly elevated.
- All patients with Insulin Dependent Diabetes Mellitus (IDDM) require a diet containing controlled amounts of carbohydrate, and insulin therapy.

## Dietary therapy

Dietary control is the mainstay of treatment for NIDDM, and plays an integral part in the management of IDDM. The principles of diet are the same for all diabetic patients, but in an insulin treated patient there are extra considerations, such as matching the carbohydrate intake to insulin delivery.

- **Carbohydrate** — The blood glucose level is closely influenced by carbohydrate



intake. Daily intake should be kept fairly constant and the amount given should be appropriate to the level of physical activity.

If fibre-rich foods, such as wholemeal bread or jacket potatoes, are eaten, the carbohydrate content of the diet may constitute 50-55 per cent of calorific intake. Sugar should be avoided.

Advice has to be tailored to the individual patient. Some patients on insulin prefer to manage carbohydrate intake by working in 'exchanges' or portions of 10g of carbohydrate. Using this system, the patient can vary their diet but keep the intake of carbohydrates constant. But this can cause problems, as the amount

of carbohydrate absorbed is affected by what is eaten with it.

- **Fat** — Since there is an increased risk of death from coronary artery disease in diabetics, it is wise to restrict saturated fats and to substitute unsaturated fats. In addition, obesity is a major problem in diabetes, and fats contain more than twice the energy content per unit weight than either carbohydrate or protein. About 30 per cent or less of the total daily calorie intake should be provided by fat.

- **Fibre** — Dietary fibre has two useful digestive properties: it is bulky and gives a feeling of fullness; and fibre delays digestion and absorption of complex carbohydrates, thereby minimising hyperglycaemia. The

recommended fibre intake is 30g daily.

## Insulin therapy

All patients with IDDM require treatment with insulin, as may some patients with NIDDM, for example during pregnancy. There is a wide variety of insulins available which vary in type, onset of action, time to achieve peak effect and duration of action. Which insulin used depends on patient requirements.

There is no established rule when setting the initial daily dosage of insulin. A dose of 0.5 units (U) per day can be an adequate starting basis. Initially, IDDM is associated with an insulin resistant state. It may be a week or two before an initial dose of 0.5U/day becomes fully effective.

If rapid blood glucose normalisation is judged to be a potentially useful strategy, a dose of 0.7U/kg may be used under careful follow-up, with a rapid decrease in dose if hypoglycaemia occurs.

## Regimen choice

It is important to choose the most appropriate insulin regimen for the patient. For example, in younger patients, the aim is one of near normalisation of blood glucose, and hence it is recommended that there are a higher number of daily injections.

Regimens may include:

- one intermediate or long-acting insulin (about 40 per cent of the daily dosage) in one or two injections/day may be administered, in addition to three to four injections of regular insulin before each meal (about 60 per cent of the total dosage)
- two injections/day of a mixture (which may or may not be pre-mixed) of intermediate and regular insulin, one in the morning and one in the evening. An additional midday injection of regular insulin can be added if necessary.

The origin of the insulin, whether extracted from animals or obtained by recombinant DNA technology, is of little pharmaceutical importance, except in religious circumstances where the use of pork or bovine products is forbidden. However, some people say that human

Continued on p11



Continued from p1

insulin gives them less warning of hypoglycaemic attacks, when compared with animal insulin.

The subcutaneous route is the route of choice for insulin-requiring diabetics. Its main advantage is accessibility, allowing most patients to administer their own medication. In recent years, most patients have used disposable plastic syringes and insulin from a vial as their means of insulin administration. Although the method of injection has little effect on the efficacy, injecting pens have made multiple dose therapy more acceptable.

At this stage it is the psychological effect on the patient that can prove problematic. Support is necessary, as the patient is encouraged to self-monitor their glucose to control and enable them to attain treatment goals.

## Oral agents

There are two principal groups of oral hypoglycaemics: the sulphonylureas and the biguanides. Their different modes of action permit the use of drugs from either group as single-agent therapy, or from both groups in combination in the treatment of NIDDM. They are used in association with dietary treatment when this alone has failed to control hyperglycaemia.

### • Sulphonylureas

These comprise a group of drugs that share the same mode of action — increasing pancreatic beta-cell sensitivity to glucose thus promoting insulin release. This leads to a reduction in hepatic glucose production.

The sulphonylureas are well absorbed when taken with food, but best responses are obtained when the drug is taken 30 minutes before meals; peak plasma levels are attained within two to four hours.

The occurrence of hypoglycaemia is the most common adverse effect of sulphonylureas, especially with the more potent, longer-acting drugs, such as chlorpropamide and glibenclamide. This can be minimised with careful use and titrating from lower to higher doses, especially at the start of therapy.

Other adverse effects include weight gain, hyponatraemia, characteristic chlorpropamide-flush, occasional skin rashes, gastrointestinal and hepatic disturbances.

Interactions can occur with drugs competing for protein binding sites (eg salicylates and sulphonamides). The use of sulphonylureas is contra-indicated in pregnancy, patients with IDDM or after surgery.

The use of chlorpropamide, tolazamide and glibenclamide is contra-indicated in renal insufficiency since 20 per cent of the intact drug can appear in the urine. Small amounts of unaltered tolbutamide, gliclazide and glipizide are excreted by the kidneys, and are preferred for use in mild to

## Indications for insulin therapy

### Absolute indications

Spontaneous ketosis or ketoacidosis  
Continuous weight loss in the absence of hypocaloric diet and:

- muscle wastage
- young age
- major hyperglycaemia

### Pregnancy

Normoglycaemia is not obtained by a diet of not less than 1,600-1,800 calories/day (normoglycaemia is said to be fasting blood glucose 5 mmol/l, post-prandial blood glucose 7mmol/l)

### NIDDM

- Secondary failure of oral hypoglycaemics
- Inadequate control together with a life expectancy that incurs risk of late complications
- Inadequate control together with the presence of late complications (eg painful neuropathy, evolutive retinopathy)

## Table 1. Pharmacology of sulphonylureas

	Duration of action (hours)	Dose range (mg)	Dose frequency/day
<b>First generation</b>			
Tolbutamide	6-10	500-2,000	2-3
Chlorpropamide	24-72	100-500	1
Tolazamide	12-18	100-1,000	1-2
<b>Second generation</b>			
Glibenclamide	12-16	2.5-15	1
Glipizide	6-10	2.5-30	1-2
Gliclazide	12-18	40-320	1-2

moderate renal insufficiency.

### • Biguanides

Metformin is the only biguanide available for use in the UK. Several mechanisms of action have been reported. The most important is probably its effect on reducing hepatic glucose production, but other effects include:

- reduction of intestinal glucose absorption
- stimulation of anaerobic glycolysis
- stimulation of glucose uptake
- enhancement of insulin receptor binding.

It is not bound to plasma proteins and does not undergo biotransformation. It is eliminated exclusively by the kidney (approximately 90 per cent is excreted in 12 hours). Peak plasma levels occur approximately two hours after administration. It is usually given with meals (500-1,000mg) up to three times daily.

The most common adverse reactions, occurring in 20 per cent of patients, include anorexia, nausea, abdominal discomfort and diarrhoea. These may be transient and can be reduced by taking smaller doses with meals.

Metformin does not cause hypoglycaemia but has been reported to rarely cause potentially life-threatening lactic acidosis.

• **Other anti-diabetics** include acarbose for use in NIDDM. It delays starch and glucose digestion, reducing the hyperglycaemia associated with carbohydrate intake.

Guar gum slows down the absorption of carbohydrates and thus helps reduce post-prandial hyperglycaemia.

• **Insulin therapy in NIDDM** Patients who respond initially to oral hypoglycaemics for one month or longer, and who subsequently relapse, are termed 'secondary failures'. The

rate of secondary failures varies from 3-30 per cent in different studies. These patients require treatment with insulin.

### • Transplantation

Recent studies have monitored the issue of islet-cell transplantation and have shown evidence of insulin independence in previously diabetic patients. The research needs development before it can be considered definitive, since only a few patients in the last decade have benefited from the procedure, and some studies have only monitored insulin independence for a limited time period<sup>2</sup>.

## Diabetes cost ...

Diabetes mellitus is a disease with major long-term implications, not only for the health and well-being of the patient, but also for NHS costs. Treatment of the disease and its complications may take up 4-5 per cent of total healthcare costs, mainly arising from in-patient care for the complications of the disease. A large amount of data is available about the implications of diabetes in terms of incidence and prevalence but few have assessed the costs.

The studies which are available tend to focus on direct costs (hospital care, consultations and drugs) because these tend to be easier to measure. Few have considered indirect costs such as time lost from work, early retirement and premature death, because of the difficulties in assigning cost and value to these factors.

The most important contributors to the costs of the disease are those of treating complications. And although new advances in treatment, such as laser treatment for neuropathy, have the potential to increase the patient's quality

of life, they have yet to be evaluated<sup>3</sup>.

## The patient

The diabetic patient suffers from a chronic incurable disease and is intrinsically involved in their care regimen. The main task of the healthcare team is to give the patient support, information, education and self-confidence. This can include:

- the recognition of hyperglycaemia and hypoglycaemia and their treatments
- the beneficial effects of exercise on blood glucose control
- diet
- insulin therapy (if IDDM)
- urine testing of glucose and ketones
- home blood glucose testing: technique and interpretation
- oral hypoglycaemic agents (if NIDDM)
- foot care
- management during illness
- cardiovascular risk factors: smoking, hypertension, obesity, hyperlipidaemia
- regular medical and ophthalmologic examinations

There is a wide scope for community pharmacy input for healthcare promotion as there is a high prevalence of diabetes in primary care. A pharmacist is in an ideal position to offer advice on general healthcare and on monitoring the condition and to liaise with other healthcare professionals in providing a high standard of care to this patient group.

## References

- 1 Diabetes Medicine International: 21:7; July 1993
- 2 Kidney/pancreas transplantation *The Lancet*: 343; p971-2
- 3 The cost of diabetes and its complications Leese B. Soc. Sci Med: 35; pp1303-10



# Gas works

The information that you have given to a patient on your first delivery of oxygen will determine the manner in which you receive a request for additional cylinders.

It is important that your staff are aware of the information that you require when phone calls come in. They will need to check:

- whether the person is one of your patients. Repeat supplies should be undertaken by the contractor who has supplied the set, except in exceptional circumstances
- whether they have a prescription, or if it is 'on its way'
- name, address and telephone number
- number of cylinders that are required.

At the same time it is useful to give the patient an idea of the time of delivery.

Having ascertained the above information, then this should be transferred to a form FP66a.

## Do we need a pharmacist?

Some people question whether it is necessary for the pharmacist to undertake every delivery.

In my view it is not, but others disagree. The pharmacist has the responsibility of organising a safe and effective system, but this does not necessarily mean he or she has to do everything.

The Drug Tariff (Part X 10.6) states that delivery and collection of sets and cylinders can be undertaken by the patient's representative, provided the pharmacist is confident that this person understands the correct procedure. Otherwise, the service is to be undertaken by the pharmacy contractor.

This is what we have contracted to undertake. Below is a suggested protocol which would enable this to take place without requiring the pharmacist to deliver every single cylinder personally.

### • New patients with their first prescription:

- the pharmacist on duty should ascertain whether a delivery is necessary
- the pharmacist should instruct the patient (or representative) in use of the equipment
- the pharmacist should assess at what intervals it is necessary for him/her to undertake a repeat visit. He/she should stress that advice is always available by phone and that a pharmacist will visit if requested and at the assessed interval, otherwise deliveries will be undertaken by a trained oxygen delivery person
- the patient should be given written instructions along with the pharmacy telephone number.

### • Subsequent prescriptions:

- pharmacy staff will check whether a visit from the pharmacist is necessary
- if it is, the pharmacist will undertake the visit. If it is not, then the delivery person will undertake the delivery
- the delivery person will note

any changes in circumstances and report back to the pharmacist

- queries regarding medication, usage of oxygen, will be referred back to the pharmacist.

The oxygen delivery person (ODP) should be employed by the contractor (dispensing technician, sales assistant or delivery person). The ODP should have undertaken training in the following areas: use of oxygen therapy, setting up and dismantling a cylinder, testing for leaks, fault finding, safe use of oxygen, safe storage of oxygen, method of obtaining repeat supplies, safe practices for lifting and handling and when to refer the patient to the pharmacist.

## Service and repair

The Department of Health recommends that oxygen regulators are serviced regularly at intervals of not more than five years. It also recommends that you should carry out testing of the regulator between services, at intervals of three to four months. This should include a pressure test and inspection of the general condition.

The only repair that you should undertake yourself is the replacement of the neoprene ring seal in the control head. The old 'O' ring can be cut away and a new one rolled on. If this does not cure a leak then the set needs specialist attention.

On no account should contractors attempt to adjust or repair oxygen sets. Although the system seems simple, the head set is reducing pressure from 2055 psi to 50 psi. I have heard horror stories of unauthorised repairs resulting in head sets shooting off, followed by flames and the destruction of a room.

There can be a leak from the top of the cylinder around the valve spindle due to wear and tear of the valve gland packing. This is usually signalled by a hissing sound. This type of leak can often be rectified by tightening the hexagonal gland nut clockwise with an appropriate spanner until the leak just stops. Never overtighten this nut. If the leak cannot be rectified, segregate the cylinder and notify your supplier.

Occasionally, manufacturers discover faults and recall sets, so it's important to record the set and serial number of each set on loan.

## Record keeping

To obtain correct payment it is important that the correct forms are completed and returned to the FHSA and PPA.

- **Form FP66a** is used to record all deliveries of oxygen. It



Oxygen demonstration model in Mr Bennett's Sheffield pharmacy

**Now that you have a domiciliary oxygen delivery service set up, community pharmacist Martin Bennett highlights the pitfalls that can arise in continuing the service, and details the financial benefits**

should be signed by the patient, their representative or, in exceptional circumstances, by the pharmacist. The form is also used to record the time if the prescription is dispensed outside the normal dispensing hours.

The completed form should be attached to the relevant FP10 and placed at the top of each group when submitted to the PPA. Where a relevant FP10 does not exist (eg collection of equipment at the end of treatment) then it should be sent to the PPA with the

relevant month's prescriptions.

- **Form FP66.** As well as claiming for deliveries you also need to keep a record of where your sets are to enable you to claim your monthly rental fee and to be able to trace your sets.

This can be done by means of a card system or computer database. Currently, Surgichem produce an Oxydata program as part of a suite. I have co-operated with Sterling Data Services which has produced a

Continued on p1v



Continued from piii

program called 'Oxygen Equipment Tracker' which it hopes to sell via the NPA for £35. It keeps track of sets and stands and produces the monthly FP66 return and records the mileage.

One copy of the FP66 form must be sent to the PPA each month with the parcel of prescriptions, the other copy should be sent to the FHSA at the same time.

From your records you will fill in the number of sets and stands for which you have been authorised and list all cases which are, or have been, out on loan during the month. This applies to sets only and not cylinders.

As such it is advisable to record: patient's name, address, telephone number and GP; delivery miles (where appropriate); date of supply (at start of treatment) and date of collection (at end of treatment); make of set and serial number; and the date the next service is due.

### Damaged sets

If a set has been damaged or lost while on loan, you should obtain a signed statement from the patient or representative to

contractor will be asked to collect.

If the contractor is unable to remove the equipment on the first attempt, a second attempt will be paid for. The PPA will, however, only make payment for one ineffective journey to collect equipment. If the equipment cannot be recovered then reimbursement from the FHSA should be claimed.

A degree of sensitivity is required with this part of the service. You can easily find yourself arriving in the midst of a funeral. There is also the occasion where the doctor or FHSA deem a set is not required, but the patient thinks otherwise! Equally common is the 'disappearing set'. Here no one has ever heard of the patient/set/cylinder/oxygen.

On the other hand, if you want to increase the number of sets you hold, an application should be made in writing to the FHSA stating the number currently held, the number required and the reason for the increase. In making a decision the FHSA may take into account surplus oxygen sets held by other contractors in the area.

### Other gases

Other medical gases such as carbon dioxide, nitrous oxide

supervision of the equipment and that equipment use is approved by each user's GP. The following procedure then applies:

- Each set (including one mask) and an initial oxygen supply should be ordered by the GP on an FP10 in the name of one of his patients resident at the home who requires oxygen therapy. The set will then be used by any NHS patient in need
- Replacement cylinders should be ordered in the name of the patient for whom they are prescribed
- Each head set should be withdrawn for servicing 12 months from the date of issue, even if it is functioning properly and a service exchange set supplied. A new FP10 will be required as this is regarded as a new loan
- If a head set needs replacing within 12 months of its supply, this is not regarded as a new loan.

I find this a rather cumbersome method and stick to the normal supply arrangements with care homes, but will loan them a spare set as a 'stand by' if I feel this is necessary.

### Portable sets

Until recently, it could be stated clearly that portable oxygen was not allowed on form FP10. Now it is not quite so clear cut.

Traditionally, portable oxygen has been available in rechargeable cylinders holding around 230 litres. These are filled using a size F cylinder and a recharging adaptor. The equipment has to be purchased privately (Sabre Safety Ltd manufactures a system) although the size F cylinders from which the equipment is refilled are often prescribed via FP10.

In recent years, both Medigas and BOC have started to produce size D (300-litre) cylinders. These are known as PD (300-litre) cylinders and will accept the normal domiciliary head set. So we now have a simple method of giving patients freedom, but beware — prescriptions calling for 'portable oxygen' will be disallowed. However, if the prescriber states 300-litre (PD) cylinders, but doesn't mention the word 'portable', then this is allowed!

An additional problem is that PD cylinders do not come under the agreement with the DoH for no rental and, instead, attract a monthly rental of £1.30 per cylinder. This has to be claimed as 'out of pocket expenses'. A copy of the invoice showing the total rental for the month should be sent to the PPA along with your monthly prescriptions and a request for payment of out of pocket expenses.

Before embarking on this type of supply I would strongly advise you to check with your local PPA.

### Off-prescription

Other items which may be requested, but are not prescribable on form FP10 include:

● **Nebulisation via domiciliary oxygen** — The maximum flow rate of four litres per minute is insufficient for adequate nebulisation, so patients should be dissuaded from using domiciliary oxygen equipment for this purpose

● **Humidifiers** — These are available from Sabre Safety Ltd for purchase by patients. They are particularly useful where patients complain of drying of the airways and are simple devices which allow the oxygen to bubble through water.

● **Carrying equipment** — Requests are received for shoulder bags to carry portable cylinders and, particularly, from care homes, for trolleys for wheeling cylinders around

● **Nasal cannula** — As mentioned in the previous article, these are not prescribable on FP10 but some patients may still wish to buy them.

### Remuneration

Oxygen gas is not subject to any discount clawback. This is automatic and does not require a '2D' endorsement. Where the patient or representative collects the oxygen the contractor is paid £9.59 for the collection of the set and cylinders, £8.60 for cylinders only and £0.33 for a mask only. A range of 'urgent' fees is also listed in the Drug Tariff.

All collection and delivery fees are based on how far the patient lives from the pharmacy. There are four distance categories, each with a different fee: 0-3 miles (one way) from pharmacy to patient, over 3-5 miles, over 5-10 miles and over 10 miles.

There are also three different levels of fees depending on the time of dispensing: non-urgent, between closing and 11pm weekdays, and between 11pm and opening, Sundays and public holidays.

The rental paid by the FHSA for authorised equipment is:

- For each set — £2.11 per month
- For each stand — £0.47 per month.

### Conclusions

The oxygen therapy service via pharmacy contractors is one which is much appreciated by patients and can, on occasions, be life-saving. Consequently, it can be an extremely satisfying service to provide.

At times, however, it can be frustrating, time-consuming, and involve a considerable amount of work. Some of the tips in this article should help to make the service run smoothly.

#### Further reading:

The NPA Guide to the Drug Tariff  
*Patient Care in the Community*, Robin J Harman  
*Oxygen for Use in the Home*, Robert G Worby, C&D Sep 7, 1991, p380-383  
*When and How to Prescribe Long-Term Oxygen Therapy*, Jadwiga Wedzicha, *Prescriber* Aug 19, 1991, p16-26  
*Cor Pulmonale and Oxygen Therapy*, Peter Wallis, *Care of the Elderly*, Jan, 1994, p16-21

#### Fee structure for the non-urgent supply of oxygen

Miles	0-3	3-5	5-10	Over 10
Delivery of set and cylinders	£19.41	£26.71	£28.72	£36.92
Delivery of cylinders only	£17.46	£24.81	£26.83	£35.07
Collection at end of treatment.	£17.46	£24.81	£26.83	£35.07
Second journey where first ineffective				

this effect. The statement should be submitted along with a claim for the cost of the repair to the FHSA. Payment will normally be based on the current cost of repair or replacement plus post and packing. The FHSA may insist on seeing an invoice for this work before releasing payment. Where such a statement cannot be obtained the contractor should approach the FHSA direct with the reasons. This provision does not cover normal wear and tear!

In addition, out of pocket expenses may be claimed for obtaining cylinders for delivery in cases where the normal supply system to the pharmacy has failed.

### Loan termination

Periodically, the FHSA will ask doctors to confirm that all sets prescribed by them are still needed. If a doctor indicates that the set is no longer required then the FHSA will ask the contractor to remove it.

When an oxygen set has been on loan for more than 18 months, the PPA will, if necessary, advise the FHSA to investigate and where the FHSA is satisfied that the equipment is no longer required the

and compressed air are also classed as 'medicinal products' and so can be supplied on FP10. Any pharmacy contractor (not just an oxygen contractor) will be reimbursed for supplying these gases. However, no delivery or rental payment will be made.

Liquid oxygen is not prescribable, but is in widespread use in the US. BOC currently supplies the system in this country on a rental basis, direct to the patient, under the name 'BOC Walkabout'.

Oxygen is maintained as a liquid by storage in a vacuum flask type container and is then delivered by evaporation through coils to a flow meter.


### Services to homes

Oxygen sets can be supplied to individual patients in care homes in the usual way. However, sometimes staff may request supply of equipment which is not for use by an individual patient. In this case they should apply to their FHSA for 'permanent loan' of the equipment to the home.

The FHSA will need to be satisfied that there is a trained nurse (or professional person) at the home who will be responsible for the custody and



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# Assessing fullness of inhalers using the flotation test

Aerosol inhalers, which still account for most inhaled asthma medications, have no indicator of how much drug is left in the canister. Although the possible effects on asthma morbidity of unexpectedly running out of bronchodilator are unknown, it is clearly more reassuring to know that treatment is there when needed.

A survey from Southampton reveals cause for concern, but also demonstrates a novel way of checking the inhaler.

Of 98 participants aged from eight to 83 years, one-third (40 per cent of the over-60s) said they had difficulty determining the aerosol's fullness. Most shook the canister or listened while they did so; felt its weight or checked the spray visually. Some simply judged according to how long they had used it, or felt the strength of the puff during use.

Given a nearly empty container to test, half correctly estimated its contents, but 15 per cent overestimated its fullness by more than 25 per cent; the over-60s were much worse, with 40 per cent giving an overestimate.

Many people also over- or underestimated the contents of their own inhalers; one device was found to be empty and 8 per cent were past their expiry date.

The authors then evaluated a novel method for determining inhaler fullness: floating the canister in water. When the valve was immersed in water, there was a 98 per cent chance the inhaler was more than 15 per cent full. When the corner of the valve was in the air, 90 per cent of canisters were less than 15 per cent full.

Testing the patients' inhalers,



all those which had exceeded their nominal 200 or 400 puffs floated with their valves exposed to the air. This accounted for 14 per cent of the patients' inhalers.

This survey demonstrates widespread difficulty in estimating how much a bronchodilator aerosol

contains, and that the elderly have particular difficulty.

The float test is a simple and reliable method, though further validation using a range of inhalers from different manufacturers is needed. Nevertheless, it deserves wider publicity. *British Journal of General Practice* 1994;44:317-8

## Cost and benefit analysis of the insulin pump vs injections

Expectations that the implantable, programmable insulin pump would provide an artificial pancreas for people with insulin-dependent diabetes have long given way to a realistic acceptance of the method's limitations.

Nevertheless, the device is used — particularly in the United States, but only occasionally in the UK — when glycaemic control is difficult to achieve by conventional injections. Diabetologists in France have now calculated the costs and benefits of the pump compared with multiple subcutaneous injections.

Nine patients received their insulin via the pump or in three to four daily injections for six months, then crossed over to the alternative treatment. The pumps were reliable and generally problem-free; although three were faulty and had to be removed, they were replaced in the same operation.

Glucose control was better during use of the pump than with the injections: glycosylated haemoglobin levels at six months were lower (7.2 vs 8.5 per cent), as was mean blood glucose (7.9 vs 9.9 mmol). There was also less variability in blood glucose measurements with the pump, and fewer mild hypoglycaemic episodes (5.7 vs 10.0 per month). Only one patient experienced severe hypoglycaemia (occurring once with each treatment) and there were no episodes of ketoacidosis.

Quality of life scores were marginally better during pump use, and all patients elected to continue with it after the study. There were, however, no differences in their assessment of the impact of diabetes on daily life (suggesting that frequent injections were no more of an imposition than the pump) or their concerns about diabetes.

There was, however, a large difference in cost between the two methods. Extrapolating to four years' treatment, multiple injections would cost about £31,600 annually, compared with £34,300 annually for the pump — a 2.6-fold increase which was almost entirely due to the purchase cost of the pump.

The authors conclude that the implantable pump will remain a realistic option, but only for people in whom intensive management fails to control blood sugar satisfactorily.

*Diabetes Care* 1994;17:847-51

## Progestogens for menopausal women — and for prostate-treated men

One of the most compelling reasons why some women want to take HRT is to prevent the symptoms associated with the menopause. Of these, hot flushes (or vasomotor instability) are among the commonest and most uncomfortable.

HRT is highly effective in relieving flushes but it is contra-indicated in women with a history of oestrogen-dependent cancer (especially breast cancer) and thromboembolic disease. Evidence is now emerging that progestogen monotherapy may be a suitable alternative — and, incidentally, it seems appropriate for men receiving treatment for prostate cancer.

Women with a history of breast cancer experiencing an average of six hot flushes daily were randomised double-blind

to placebo or treatment with megestrol acetate 20mg twice daily; after four weeks, the groups were crossed over.

While taking placebo, the number of hot flushes fell by 21 per cent, compared with 85 per cent during treatment with megestrol. Achieving a maximum effect after two to three weeks, the progestogen reduced the frequency of flushes by more than 50 per cent in 71 per cent of women, compared with 24 per cent receiving placebo. Adverse effects included vaginal bleeding in a third of women after withdrawal of megestrol.

A group of 66 men who had undergone orchiectomy, or were taking anti-androgen therapy with a GnRH analogue for the treatment of prostate cancer were also recruited to

the study. They experienced an average of eight hot flushes per day, which they rated more severe than the women. Megestrol reduced the frequency of flushes by 80 per cent and their severity by 87 per cent. *New England Journal of Medicine* 1994;331:347-52





# FOR CRYING OUT LOUD



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**PRIODERM**

malathion 0.5% w/v

**CARYLDERM**

carbaryl 0.5% w/v

**ABBREVIATED PRESCRIBING INFORMATION** CARYLDERM® Lotion, FULL MARKS® Lotion and PRIODERM® Lotion. **Indications:** CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion: Treatment of head lice infestation. **Active ingredients:** CARYLDERM Lotion: carbaryl 0.5% w/v. PRIODERM Lotion: malathion 0.5% w/v. FULL MARKS Lotion: phenothrin 0.2% w/v. **Dosage and administration:** Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 2 hours. Shampoo hair as normal. Rinse and comb whilst wet to remove dead lice and eggs. **Contra-indications, warnings, etc:** Not to be used on infants under 6 months of age except on medical advice. Avoid contact with the eyes. Skin irritation can occur. These treatments may affect permed, coloured or bleached hair. Do not use these products if you are sensitive to any of the active ingredients. CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion contain isopropyl alcohol which may exacerbate asthma or eczema. As they are also flammable, apply and dry the hair with care and do not use artificial heat. **Prices:** CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion: 55 ml. £1.595 (R) £2.80; 160 ml. £2.845 (R) £4.99. **Product licence numbers:** CARYLDERM Lotion PL 0337/0038, FULL MARKS Lotion PL 0337/0153, PRIODERM Lotion PL 0199/S002R. **Product licence holders:** Napp Laboratories Ltd., Cambridge Science Park, Milton Road, Cambridge CB4 4GW UK. (CARYLDERM Lotion, FULL MARKS Lotion). Priory Laboratories Ltd., (Member of Napp Pharmaceutical Group), Cambridge Science Park, Milton Road, Cambridge CB4 4GW UK. (PRIODERM Lotion only). **Date of Preparation:** December, 1993.

Further information is available on request from: Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge, CB4 4GW. The NAPP device, FULL MARKS, PRIODERM and CARYLDERM are Registered Trade Marks. © Napp Laboratories Limited, 1993. Date of preparation: December, 1993.





# Does combined HRT reduce cardiovascular risk?

There is strong evidence that hormone replacement therapy with oestrogens alone significantly reduces the risk of coronary heart disease: the risk of myocardial infarction, for example, is just over half of that among women who don't use HRT.

However, monotherapy with oestrogens is suitable only for women who have undergone hysterectomy; in most cases, a progestogen must be added to avoid endometrial hyperplasia.

Progestogens have an adverse effect on lipids, decreasing the favourable high-density lipoprotein-cholesterol by about 6 per cent and increasing low-density lipoprotein-cholesterol by 7 per cent. It is therefore uncertain whether at least some of the cardiovascular benefits of

oestrogen are cancelled out by the addition of a progestogen.

New data from the United States, though not conclusive, suggest there is no effect. The study compared HRT use in more than 500 women admitted with, or who died before admission from, myocardial infarction, with that in 1,200 controls in the community.

The women fell into three groups: those who had never used hormone replacement therapy; users of oestrogens alone (mostly 0.625mg/day conjugated oestrogens), and users of combined HRT (conjugated oestrogens plus 10mg/day medroxyprogesterone).

After adjusting for confounding factors, the relative risk of myocardial infarction among oestrogen

users compared with non-users was 0.69. In women using combined HRT, the figure was 0.68.

Although statistically not significant, these figures at least indicate that adding progestogens had no detectable adverse impact on the favourable cardiovascular effect of oestrogens. There was no evidence of a protective effect in past users of HRT.

Although this study is relatively small and open to bias — physicians aware enough to prescribe HRT may also have provided advice on safer life style, for example — its findings are encouraging and add to the growing evidence that combined HRT confers an overall benefit. *Archives of Internal Medicine* 1994;154: 1333-9

# Skin cancer link to psoriasis light therapy

Treatment of psoriasis with ultraviolet-A light (UVA) and the photosensitiser 8-methoxypsoralen is effective but increases the risk of skin cancer.

Evidence available to date shows that the risk is related to the cumulative dose of UVA, but all data are based on patients who have also received other potentially carcinogenic treatments such as X-rays or arsenicals.

A study of 54 patients in Newcastle, treated only with PUVA, has now revealed the true risk of treatment.

The patients had received very high cumulative doses of PUVA (from 2,000 to 8,000 J/cm<sup>2</sup>) for chronic plaque psoriasis, compared with a proposed lifetime limit of 1,000 J/cm<sup>2</sup>.

Treatment was given three times weekly until clearance was achieved, then once weekly as maintenance. None of the patients had a history of skin cancer before PUVA therapy.

Nineteen per cent had developed squamous cell carcinoma (SCC) within a median eight years from the start of treatment; there were no cases of melanoma, basal cell carcinoma or, contrary to earlier concerns, genital cancer. Nearly half had keratoses (which are of uncertain malignant potential), including all those with SCC. Forty per cent of patients had multiple lesions, numbering over 100 in some cases. Most patients also had lentigines (brown spots or freckles) on sites not normally exposed to the sun.

There were no significant differences in cumulative PUVA dose, duration of treatment or skin type between patients with skin lesions and those not affected, although patients with SCC were significantly older when treatment began. There was, however, one group of 13 patients who had no lentigines, SCC or keratoses at all.

PUVA can therefore induce malignancy in a high proportion of patients with psoriasis if given in sufficiently high doses. To minimise the risk, PUVA is now used intermittently and maintenance treatment is less common.

However, a minority of patients appear to be unaffected even by minor skin changes like lentigines. Why this is so is unknown. *British Journal of Dermatology* 1994;131:215-9

# Asthma medication compliance and its effect on acute attacks

A comparison of pharmacy records with physicians' prescribing data shows that compliance with inhaled corticosteroids is significantly worse than with oral theophylline. But, in this study at least, this seems to have no effect on acute asthma attacks.

A sample of 276 people with asthma who, physicians' records showed, had been prescribed both an inhaled corticosteroid (or cromoglycate) and oral theophylline were selected at random. All had been prescribed these drugs for at least six months.

Patients' compliance with their doctor's advice was calculated by comparing

prescribing records with the drugs actually dispensed in pharmacies. In the United States, where a large part of treatment costs are directly borne by the patient, dispensing records are a good indicator of drug use.

This comparison showed that compliance with oral theophylline was 79 per cent, significantly more than the 54 per cent seen among corticosteroid users and 44 per cent with cromoglycate. This was equally true for adults and teenagers, and was not affected by dose frequency: there was no difference in compliance with two or fewer daily doses, compared with three or more doses.

Surprisingly, when admissions to hospital, attendance at casualty units and urgent visits to the doctor were compared, there was no evidence that compliance was related to acute asthma attacks.

Whether the superior compliance with theophylline is due to a dislike of inhalers compared with oral medication, or because symptom relief is more strongly associated with the bronchodilator, is uncertain.

However, it is clear that the message about the importance of prophylaxis is not getting through to many people with asthma. *Archives of Internal Medicine* 1994;154: 1349-1352

# A role for dexfenfluramine in poorly-controlled diabetes mellitus

The anorectic agent dexfenfluramine has a limited role in the short-term management of obesity, but diabetologists are evaluating its potential in the management of non-insulin dependent diabetes (NIDDM).

Dexfenfluramine appears to improve insulin sensitivity and, when added to oral hypoglycaemic agents, improves blood glucose control, too. It could prove to be an alternative to insulin, which causes weight gain and increases risk factors for later diabetic complications at the doses needed to achieve good glycaemic control. A double-blind clinical trial from Australia has now evaluated its use in patients with NIDDM difficult to control by insulin and metformin.

Twenty patients were randomised to receive 12 weeks'

treatment with dexfenfluramine or placebo, in addition to their established treatment. Two patients taking dexfenfluramine had an increase in hypoglycaemic episodes and required a reduction in their insulin dose of 12 and 14 units/day. There was no change in indicators of blood glucose control and body weight in patients given placebo, though both improved with dexfenfluramine. Three patients reported minor gastrointestinal effects during treatment.

Whether these benefits would be sustained in the longer term is unclear: the trial was stopped after three months because that is the recommended duration of treatment with dexfenfluramine. However, it appears that, subject to longer studies, dexfenfluramine could be a useful adjunct for patients

with poorly-controlled NIDDM. *Diabetic Medicine* 1994;11: 701-4



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine



# PRESCRIBING INFORMATION

**Indicated Prescribing Information** (Please refer to full data sheet before prescribing)

**Presentation:** Reddish brown coated tablets containing 20 mg nifedipine.

**Indications:** For the treatment of all grades of primary and secondary hypertension and for prophylaxis of angina pectoris.

**Dosage and Administration:** For adults and adolescents over 16 years: The usual dosage is 20 mg tablet twice daily swallowed whole with half a glass of water. However, dosage must be determined for each patient. Cardilate MR is suitable for long-term treatment of coronary heart disease and hypertension. The dose can be reduced or increased, depending upon the patient's condition. Dosage increases should be produced gradually and the total daily dose should not exceed 80 mg. Morning and evening administration is recommended for patients taking up to four tablets daily. The recommended interval between doses is 12 hours. Cardilate MR can be given to elderly patients or to patients with impaired renal function without adjustment of dosage. If renal function is impaired, nifedipine blood levels should be monitored to determine the appropriate dosage.

**Contra-indications:** Cardilate MR should not be given to patients with known sensitivity to nifedipine, or those with advanced aortic stenosis, or with porphyria, or to those in cardiogenic shock, women who are pregnant, child bearing potential or who are breastfeeding.

**Warnings/Precautions:** Administer with caution to patients with low cardiac reserve or hypertension. Patients at risk of hypotensive effects should begin therapy with 5-10 mg under close medical supervision, using an alternative nifedipine preparation. Concomitant administration with other antihypertensives including beta-receptor blockers, diuretics and with cimetidine, may enhance the antihypertensive effect of nifedipine, and postural hypotension may occur. Concomitant therapy with cardiac glycosides can be initiated or continued during treatment with Cardilate MR, provided serum digoxin levels are monitored. Nifedipine may reduce serum quinidine levels. Nifedipine may also modify insulin and glucose responses, necessitating therapy adjustments in treated diabetics. Infrequently, Cardilate MR may cause headaches, dizziness, nausea and tiredness to such a degree that reaction time is affected. These effects can be aggravated by alcohol. If this occurs, the patient should not drive or operate machinery.

**Side Effects:** Nifedipine may cause dizziness, facial reddening, leg oedema and constipation. These are usually mild and transient. In individual cases nausea, dizziness, tiredness and rash may occur. Very rarely, gingival hyperplasia, which resolves when treatment is discontinued, may occur. Hypersensitivity reactions including jaundice have also been reported occasionally. Chest pain due to myocardial ischaemia may occur 1-4 hours after administration of Cardilate MR necessitating cessation of therapy.

**Overdose:** Nifedipine overdose is associated with hypotension and bradycardia or tachycardia. Other toxic effects may include nausea, vomiting, drowsiness, dizziness, confusion, lethargy, flushing, coma and convulsions, plus cardiac conduction disturbances, metabolic disturbances and pulmonary oedema.

**Management of Overdose:** Primary treatment involves removal of nifedipine by gastric lavage and administration of activated charcoal. Supportive treatment, including maintenance of circulating blood volume with intravenous fluids, and possibly 10% calcium gluconate or dopamine, should be administered for hypotension. For bradycardia, atropine, isoprenaline or possibly cardiac pacing may be required.

**Pharmaceutical Precautions:** Cardilate MR should be stored in the original pack below 30°C, in a dry place and protected from light.

**Legal Category:** POM.

**Product Licence Number:** 4121/0002 Date of Revision: September 1994

Further information is available on request.

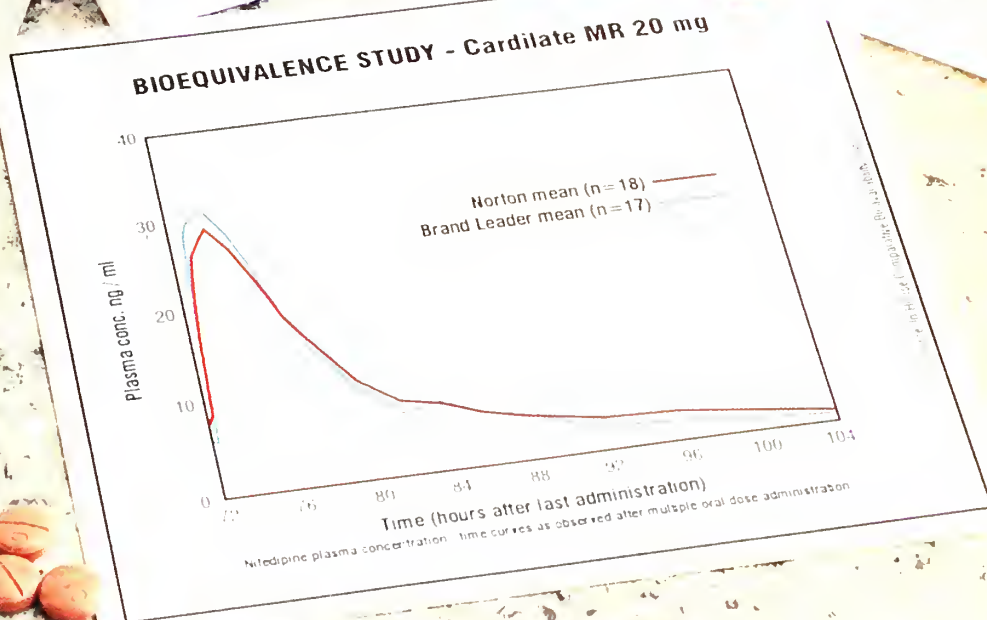
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Healthcare





Pharmacists can no longer afford to act as just dispensing chemists, using systems and procedures that were devised years ago to dispense prescriptions. They must adapt if they are to have a future within the modern primary healthcare team. This was the theme of a convention which emphasised the need to capitalise on pharmacy as a profession if it is to have a future.

And what a future it could be, forecasts Nicholas Wood, past president of the Royal Pharmaceutical Society. "Pharmacy is about to embark upon a phase so crucial that if it survives as an independent profession at all, it will be almost unrecognisable to the practitioners of a generation ago. The crucial task that lies ahead for pharmacy is the implementation and management of change.

"Delegate, become a professional, not a super-grade technician. Get out of the dispensary, act as the link between the medicine and the customer and look for new roles that are really just a development of your core skills and business.

"Think big. The economies of scale are really beginning to mean something in the new pharmacy scene. Above all, throw out the junk and develop the OTC side of the pharmacy, with both yourself and your staff well-trained to meet and advise the public.

And finally, know yourself and your potential."

### Redefining roles

Mr Wood envisages the day when technicians will take over dispensing, including the final check, freeing the pharmacist to get out of the dispensary and advise patients. However, this transfer of responsibilities will have to be under an agreed protocol.

Barry Andrews, managing director of Moss Chemists, agrees that the future of pharmacy lies firmly in the hands of pharmacists themselves. "The name of the new NHS game is not just about supply but about service and meeting patients needs."

Failing to meet those needs — by not providing patient medication records or participating in audit and continuing education — will have a financial implication, he warns.

In 1996 the qualifying criteria for the professional allowance of 1,500 scripts a month will be increased by these additional



# Adapt and survive

**Pharmacists must face up to their changing role in health care provision as their future depends on it. This was the message from Unichem's 15th annual convention in Vancouver. Anna Evangeli reports**

requirements. If pharmacies do not fulfil all of these criteria, they will not qualify for any of the professional allowance which is likely to reach £10,000 by then, he says.

Furthermore, not all pharmacies will be eligible for the proportion of the global sum allocated to Family Health Services Authorities to pay for additional services, he says. "Pharmacists will have to be accredited and to offer standards and services that FHSAs perceive match their patient needs." This could be participating more actively in local health promotion activities, DUMP campaigns and prescription delivery and collection schemes.

"I believe that on average, about 1 in 5 pharmacies will be accredited. To put it simply, they will probably get the 3 per cent share of the global sum — the £2,000 taken away from each of the other four non-accredited pharmacies.

"Accreditation will lead to two types of pharmacist. The dispensing chemist with no professional allowance or accreditation — and the pharmacist, certainly with the professional allowance and probably with accreditation."

Another of the functions which pharmacists may have to perform to qualify for accreditation is PACT data

analysis to help GPs reduce prescribing costs. It was this GP-pharmacist interaction that was taken up by Professor Richard Hobbs of the University of Birmingham, himself a part-time GP.

He sees the pharmacist's role as a support function, not only to double-check prescriptions but to help formulate generic substitution policies, manage drug budgets, devise practice formularies and to set up repeat prescribing protocols, especially for nursing homes.

"The success of this will depend on convincing GPs of the value of pharmacy involvement."

Where pharmacists could be particularly useful is in the overseeing of repeat dispensing schemes. With protocols, even some of the clinical monitoring functions could be transferred, he said. Prescribers could cut down on time spent on repeat prescribing — drugs could be dispensed monthly rather than on a three to six months prescription. There would also be increased patient contact with a healthcare professional (the pharmacist), not the surgery receptionist.

### Problem areas

Professor Hobbs acknowledges potential areas of conflict between the two professions, such as policies on parallel

services and what sort of counselling and referral, when necessary, should be given.

The physical location of pharmacies in relation to surgeries is also important.

The future lies in the trend towards greater commissioning of patient care, says Professor Hobbs. "Consortia which have identifiable closer relationships between prescribers and dispensers will presumably appear more attractive



Nicholas Wood



options."

Industry link

Pharmacy/pharmaceutical links are 'significant' in disease management, says Peter Joshua, head of pharmacy at Glaxo Pharmaceuticals. They particularly affect the economics and technology involved in healthcare provision.

The importance of the relationship can be traced using what he calls the "pharmacy circle of care". The pharmacy is a good source of education for migraine sufferers, for example, which in turn leads to improved self-diagnosis and a visit to the pharmacy for medication.

The pharmacist may refer the patient back to the GP who may then prescribe. The pharmacist can then analyse the prescription data and advise GPs on prescribing habits — which will in turn lead to value for money dispensing.

After the treatment is dispensed, pharmacists offer 'after-sales support' through patient counselling and, using technology, can assess the outcome of a treatment statistically. This is of particular use to the pharmaceutical industry.

The results of this assessment can then be used to educate the consumer, thereby completing the circle.

Nationwide welfare milks scheme finally in sight

The long-awaited nationwide welfare milk scheme that wipes out regional variations in pharmacists' reimbursement should be in place by April, says Cow & Gate Nutricia marketing director Niall Bowen.

A scheme presented to the Department of Health by the Pharmaceutical Services Negotiating Committee and Cow & Gate, and backed by other baby milk manufacturers, wholesalers and retailers, has been agreed in principle.

It is to be based on graduated reimbursement for individual products rather than a flat rate. But babyfood manufacturers have yet to negotiate with the Department on reimbursement for individual products and prices. The Department's consultant was due to meet with the NHS Supplies Agency last Thursday to present his evidence.

"The milk token business, when it comes, will be worth having," says Mr Bowen. He talks of sales of £40 million a year and rising, with pharmacists well placed to bid for that business.



Niall Bowen marketing director Cow & Gate Ltd

Research carried out by Cow & Gate last year found that over 80 per cent of mothers receiving milk tokens preferred exchanging them at a pharmacy. But the same research showed that only 18 per cent of pharmacies were handling tokens. There is obviously room for improvement, he says.

Pharmacies should also benefit from sales of other baby-related items — including

OTC medicines — that mothers might buy at the same time.

Although sales of babyfoods from independents have been largely lost to supermarkets, pharmacies are in a unique position to win back some of that trade, he says.

"It is worth developing and communicating an effective advice and information service for this desirable group of customers." He cites research showing 40 per cent of mothers believe in getting advice on babyfeeding was important when shopping.

But only 27 per cent had actually asked for help with baby meals and even fewer for milks. Disappointingly, less than one-third were happy with that advice.

Pharmacy assistants will be better able to give advice on baby milks and weaning with an updated distance learning programme from Cow & Gate starting in the autumn. The company is also developing computer-assisted learning packages for all aspects of the baby market aimed at pharmacists.

Ethical companies re-think on pharmacy

Ethical pharmaceutical manufacturers have had to re-think how they market their products to take into account the increasing importance of pharmacists in the healthcare equation.

So says Jeremy Booth, wholesale development manager at Bayer's pharmaceutical division, who sees the days of the pharmacist merely performing a supply function dwindling.

Because of the increasing number of POM to P switches and the role pharmacists now play in patient counselling, their influence is growing, he says.

"OTC manufacturers have been familiar with the concept of 'pharmacy power' for years, but for companies with strictly ethical portfolios this is something of a rude shock."

He admits that manufacturers cannot change their attitudes overnight. But, sales forces used to detailing GPs will have to be re-educated to visit pharmacy staff. Failing that, a specialist pharmacy sales force may have to be set up.

Mr Booth even sees the day when POM manufacturers will offer pharmacies deals to compete for dispensary shelf space, just as OTC manufacturers now fight for a contractor's front of counter space.



Jeff Harris, Unichem chief executive

Improved services

Unichem customers will benefit from improved order transmission, an upgraded OTC ordering service and simplified invoicing thanks to a £10 million investment in information technology.

This two year investment, known as the Columbus project, will significantly reduce operating overheads, says Unichem chief executive Jeff Harris.

The company hopes to replace its Prosper ordering terminals in the first quarter of 1995. The new one will still be hand-held, portable and can transmit data by modem. But it will take PIP Codes rather than Prosper codes.

Unichem finally plumps for PIP Code

Unichem is adopting the PIP Code for computerised order transmission, 12 years after its introduction as an industry standard by the National Pharmaceutical Association and the *Chemist & Druggist*.

The Pharmaceutical Interface Product (PIP) Code is the seven digit code printed in the C&D Monthly Price List and weekly Price Supplements. It was created by C&D in 1973 and uniquely identifies every branded and generic product likely to be sold or dispensed in a pharmacy.

In 1982, the NPA and C&D agreed to share copyright of the Code, with the Association becoming the licensing and regulatory authority, and C&D retaining the publishing rights.

PIP Code is used alongside EAN bar codes in most EPoS systems, acting as a valuable tool in stock control and replacement.

The new terminals will allow better access to Unichem data as details of current prices, stock availability, new products, and promotional offers will be downloaded into the terminal every night. They will also have a barcode light pen reader.

Similar features may be available for pharmacies with their own PC.

By the end of the year, most OTC stocks will be held centrally at South Normanton, rather than at each depot. This will achieve higher in-stock levels and will justify holding wider product ranges, possibly including animal health, healthfoods and cosmetics. Pharmacists ordering in the afternoon can expect a delivery the next morning.

Finally, Unichem is simplifying its invoicing by cutting the number of invoices issued from up to 18 to just three. These will only list the items delivered.

Pharmacy OTC input is vital for consumers

Nearly two-thirds of consumers rely on pharmacists or assistants to help them decide on OTC medicine purchases, says Peter Hinkley, sales director at Smithkline Beecham Consumer Healthcare.

This compares with the mere 9 per cent of consumers who act on a GP's recommendation.

But 60 per cent were repeat purchasing, either as an OTC brand or because it had previously been prescribed.

The anti-bacterial cream Bactroban, and the anti-arthritis drug Relifex, are the next Smithkline Beecham candidates to be switched from POM to P.





## Biography

Phillip Davey joined BHI as marketing director in March 1993 but moved to Crookes as managing director in June of that year (see text).

Before joining Boots, most of his commercial experience was culled from the drinks industry. Most recently, he was chairman of the UK sector of Hiram Walker and a director of the wines and spirits division of Allied-Lyons. He was also sales and marketing director at Harveys of Bristol.

After graduating from Birmingham University in chemical engineering and completing postgraduate studies at Lincoln College, Oxford, his first position was with Unilever.

# The changing face of Crookes

**Crookes Healthcare has a full over-the-counter agenda with overseas companies, marketing links and new brands in its sights. Managing director Phillip Davey told Anna Evangeli about his plans for the Boots' subsidiary**

Disposals, acquisitions, controversy — the hallmarks of a colourful story. Boots Healthcare International and its UK wing, Crookes, have seen all three this year, and it's only September.

Crookes is metamorphosing and the man overseeing the transformation is managing director Phillip Davey — a relative newcomer to the Boots fold. He joined BHI as marketing director in March 1993, but was ushered into Crookes as managing director three months later.

He stepped into the shoes left vacant by the then Crookes' chief, Kevin Wilson, whose departure to "pursue other career interests" was followed by Crookes alleging he was defrauding the company and a High Court writ. Mr Wilson's case has since been taken up by Nottingham police, who were still investigating his financial affairs at the time C&D went to press.

Those few months were among the bleakest in Crookes' history and it was Phillip Davey's job to calm the waves and put the company back on course. After 18 months on the payroll, 15 of those as md, it is

his plans to redefine Crookes that are now bearing fruit.

"What I set out to do was to decide on the future direction of the business so all the smaller decisions that we would subsequently make were consistent with a long-term strategy," he says. "And one of the consequences was the disposal of Farley's and Asilone."

## Core businesses

The sale of Asilone to Seton and, more importantly, Farley's to Heinz earlier this year were put down to Crookes concentrating on its four core areas — analgesics, coughs/colds, skin care and eyecare. While these two brands lay outside the core, it could not have been this alone that prompted their sale. After all, Crookes still has Sweetex.

Their sales had the added bonus of generating £3m and £94m cash respectively. That's not counting a percentage of Asilone sales for anything up to ten years.

The next clue to Crookes' direction comes from the name BHI. Through this business unit, Crookes is aiming for 'Euro-brands' wherever possible and

to increase its presence in markets further afield. But BHI has a long way to go in Europe where it currently stands 12th in the OTC league. Nevertheless, Boots is expecting great things from BHI and has already dubbed the unit an 'engine for growth'.

## Crookes in Europe?

While Crookes' brands are a valuable asset — they bring in about 30 per cent of BHI sales — critics might say this marked UK skew contradicts the international outlook that BHI's name implies. However, Mr Davey dismisses this as a "gross oversimplification".

"I can understand why people might be misled into thinking that BHI is all about Crookes but we have companies in many other countries."

And the list is expanding. Earlier this year, BHI bought the Italian OTC company Marco Vita. BHI also has European interests in France, Spain, the Netherlands and Belgium.

"We would like to buy a business that gave us distribution in Germany," says Mr Davey. With Germany providing 32 per cent of Europe's OTC sales, that would

be a fine catch, despite price cuts for medicines imposed in 1993. But there was a firm "no comment" on how close BHI was to signing any deal or on the general state of the German OTC market.

BHI also added worldwide territories to its list earlier this year — for example Australia, New Zealand, the Far East, South Africa and Kenya. Some were part of Boots Pharmaceuticals, but were regrouped because of their bias towards OTC sales. Eastern European markets, including Poland and the Czech and Slovak republics have been mentioned as export targets.

## New brands

As well as expanding geographically, Crookes is looking to expand its existing portfolio of 12 brands and 40 products. "We will never overpay for a brand ... and it would have to fit in with our corporate strategy," says Mr Davey. "At the moment we are focusing on our four categories, but if it was a significant brand we certainly wouldn't rule out adding an additional core category."

With more products in more territories, the case for international brands gets stronger. Standardised names, packaging and advertising would be the ideal. "Over time we would expect different positioning in different markets to converge. That will take time but it's very realistic." It has happened to some extent with Strepsils and Nurofen. Strepsils, for example, now has just four pack types instead of the original 58. And New Zealand consumers watch the same Nurofen television commercial that we see in the UK.

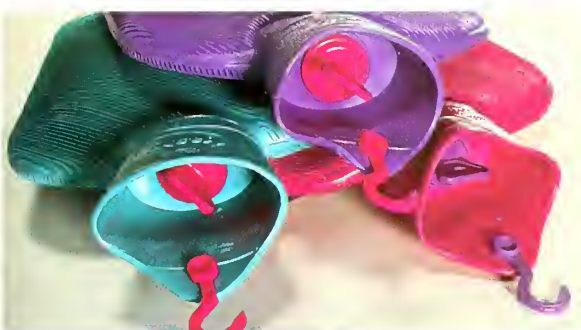
But Mr Davey admits international brands are not always possible and cites E45 as an example of a name with a strong UK heritage that Crookes does not plan to take abroad. Added complications of brands being at different stages of development, varying advertising regulations and a

Continued on p452



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Who's who  
at Crookes

**Managing director**  
Phillip Davey  
**Director of marketing**  
Alan Ransome  
**General sales manager**  
John Edwards  
**Director of operations**  
Dr Malcolm McCannan  
**Finance controller**  
J Grahame Eardley  
**Head of personnel**  
Richard Durance

Continued from p450

different retail pharmacy structure make some international brands less likely, he says.

There is also the question of brand mix within a core category. "In many of the sectors we are in, we would try to operate with the minimum number of brands. And if we can operate with one brand, but with a number of products, it is by far the most effective way to approach the market."

Optrex fits this model. While eyecare products only generate 2 per cent of Europe's OTC sales, the brand is strong enough to warrant it being one of the core businesses, he says.

It is one of the brands that has benefited from a new product this year — Optrex Hayfever. Nurofen Cold & Flu and Junifen have also hit the

market in the UK, which is why BHI's expanding new product development function deserves a mention.

It has grown from a base of 30 people when it was set up in 1991 to 72 today. And when existing facilities at Boots' main site in Beeston are modified to form a dedicated OTC development function, that team will have grown to more than 100 people. It will serve the whole of BHI, with the extra staff recruited from a mixture of existing Boots' staff and newcomers.

Pilot plants and scale-up facilities are provided by Boots Contract Manufacturing, one example of how BHI and therefore Crookes has benefited from other parts of the business.

### What link?

It links like this that Mr Davey seems determined to play down. Despite Crookes moving offices out of the main Beeston site to a different part of the city to build an independent identity, the Boots link is still there.

After all, in the year to March 31, BHI's internal sales to Boots the Chemists came to £20.9 million or 13.4 per cent of its turnover. Despite the figures, Mr Davey defends his independence. "We have an arm's length trading relationship with BTC. We treat BTC as a customer at arm's length and they treat us as a supplier at arm's length. But

they are clearly a very important customer for us."

Unfortunately for BHI, BTC is ordering fewer of its goods. In the previous year, internal sales came to £22.4m or 15.2 per cent of BHI turnover.

One area where the BTC-Crookes link is alive and kicking is the supply of ibuprofen to BTC outlets. Nurofen is the one on the shelf and generic versions do not get a look in. To most people this might seem to be favourable treatment to Boots' own brand, but it is an allegation that Mr Davey refutes. "BTC does not have a generic ibuprofen but that's a policy decision for them. Crookes has no influence over BTC's policy and vice versa." And that situation looks set to stay unchanged, much to the exasperation of the 12 generic ibuprofen manufacturers in the UK.

### Marketing deals

Another link with Boots' businesses in the pipeline is based on the hot topic of POM

to P switches. BHI has gone on the record saying that with its experience in marketing OTCs, it would consider signing a deal with a POM manufacturer to market any recently switched products. And with Boots Contract Manufacturing on the doorstep, who better to make that product?

At the time the statement was made (C&D July 2, p23), there were two such products under negotiation. "We are a very effective vehicle for distributing OTC products in a number of markets and certainly in the UK," says Mr Davey. "We are in consultation with a number of players regarding possible developments."

Although it can no longer claim the 'number one in OTC healthcare' tag now that Smithkline Beecham is buying Sterling Health, Crookes has a strong UK heritage. And it is this UK success that Mr Davey wants to achieve in Europe to prove this 'engine for growth' is much more than hot air.

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# 50% OTC MARKET GROWTH *by the year 2000?*

**COMPLETE**  
market trends  
and forecasts for  
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## NOW AVAILABLE! The Benn OTC Healthcare Market Report 1994

From the publishers of Chemist & Druggist, Community Pharmacy and Pharmacy Today, comes the definitive report on OTC healthcare, a growth market for the 1990's. The report comes as consumers increasingly see self medication as an idea whose time has come while international drugs companies make strategic moves to market OTC products.

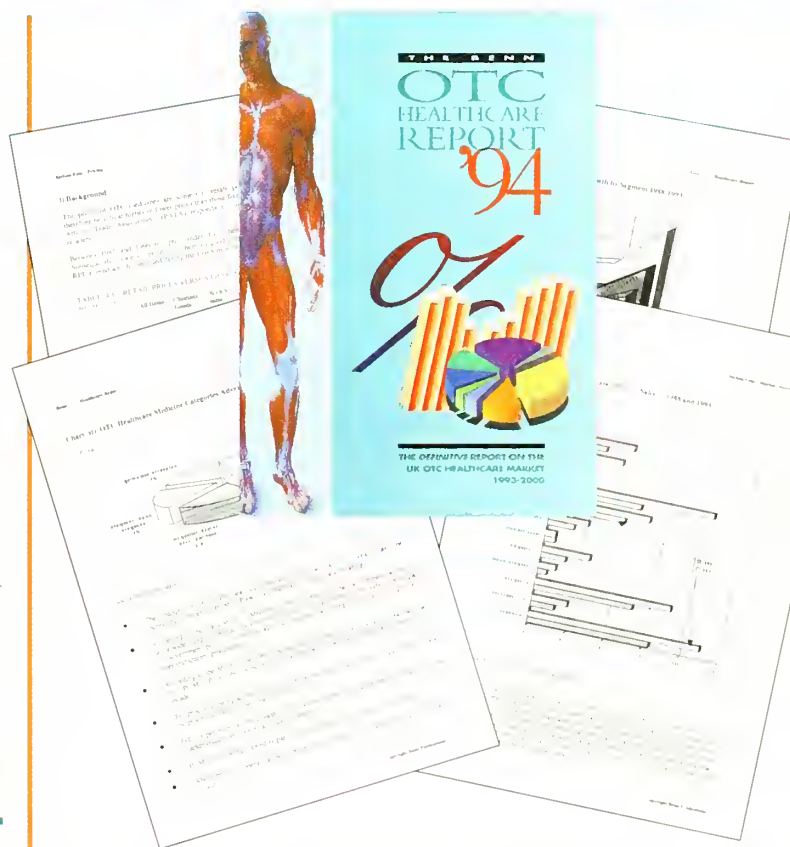
The total OTC medicines market in the UK was worth well over £1 billion in 1993. Key issues in this dynamic consumer market include: the impact of drugs coming off patent, industry strategies as global giants compete for their share of OTC, the increasingly competitive retailing environment, the growth in market share of OTC products and the impact of POM to P switches. The report is an essential marketing reference work for an industry facing the challenge of change.

## SPECIAL FEATURES

POM to P products analysis  
European OTC background  
OTC healthcare price index analysis  
Market forecasts to the year 2000  
Company Profiles

## SECTORS COVERED

Cough /cold/sore throat remedies, decongestants, hay fever remedies, analgesics, topical analgesics, indigestion remedies, stomach remedies, laxatives, anti-diarrhoeals, travel sickness remedies, medicated skincare, vitamins & dietary supplements, herbal and homeopathic remedies, aromatherapy, other OTC healthcare and personal care products



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## Out of dates not terminal

Bedfordshire pharmacists are to be reimbursed for holding drugs for the terminally ill which may go out of date. Pharmacists who already participate in Bedfordshire Health's out of hours scheme are being asked to become volunteer stockists of drugs needed in terminal care.

A list of drugs has been devised by Macmillan nurses and includes diamorphine, haloperidol, hyoscine hydrobromide, cyclizine, methotrimeprazine and diazepam injections, as well as water for injections. A list of participants will be circulated to GPs, pharmacists and other health professionals.

Karen Newberry, Bedfordshire Health's pharmaceutical advisor, says the scheme is a response to problems GPs have had in accessing such drugs outside normal pharmacy hours. "There is not very much financial incentive for pharmacists to stock these drugs," she says.

The Health Authority hopes that offering payment for stock that goes out of date will

encourage pharmacists to make the initial £60 outlay for the Macmillan list. So far response has been "quite good".

Bedfordshire Health is also introducing a pilot health promotion project, called Help Scheme, in October. It hopes to repeat the success of the Barnet High Street Health Scheme in getting the 'Health of the Nation' message across to residents.

Some 13 pharmacists will be trained in health promotion, life style changes and specific disease states such as asthma and diabetes.

## Kent's used needle problem

Sittingbourne pharmacists have been accused of contributing to used syringes being dumped in the town.

The local paper, *Sittingbourne Extra*, says the pharmacists are "hoycotting" the Medway needle exchange scheme.

However, John Stevenson, community nurse for the Life-style project which helps run the exchange scheme, says the problem of dumped needles is no worse than other areas. But he does admit that all six pharmacies within Sittingbourne town centre have no wish to participate.

"The scheme has got good support from pharmacists. It is disappointing that we have this

blip in Sittingbourne, but we do understand," comments Mr Stevenson.

Some pharmacists have said they do not wish to have addicts in the pharmacy, or run the risk of shoplifting, while others say they could not offer users a continuous service as the pharmacy is staffed by locums, he says.

The pharmacies have been approached on three separate occasions, and have now been asked to re-consider their stance by the Local Pharmaceutical Committee.

Last month, 413 needle packs were distributed through 30 pharmacies in the Medway area.

## Professional input needed at top levels

Health Secretary Virginia Bottomley has faced demands that health professionals should play a bigger role in determining priorities in the National Health Service.

The motion by the Conservative Medical Society, forwarded at the Conservative Conference in Birmingham, de-

clares support in principle for the reforms introduced in 1991, but urges Government to ensure that health professionals participate in decision-making at the highest, and all appropriate, levels of management.

• A motion from the Lagan Valley Conservative Association suggested that exemption from

prescription charges for patients receiving recurrent medication should only apply to relevant medication and not to medicines prescribed for other reasons.

Most of the 45 motions dealing with the National Health Service are calling for action to avoid 'excessive bureaucracy', the Birmingham conference heard.

### Letters

#### Don't pass the buck on 'P' margins

I was pleased to see the Pharmacy Support Group chairman, Hemant Patel, call upon over-the-counter medicine manufacturers and family health services authorities to shoulder some of the costs of the new OTC medicines sales protocols (*C&D* September 3, p337). I entirely agree with his points, particularly that:

- the conscientious pharmacist may be overworked or have to take on extra staff to cope
- that extra advice does not equate to extra sales
- that funding should be built into 'P' sales in the form of good margins.

I was less happy with the comment attributed to Roger Odd, head of the Society's practice division, stating that medical advice is part of the role of the pharmacist, and that any funding, therefore, is a matter for the Pharmaceutical Services Negotiating Committee.

While I agree that medical advice is part of the role of the pharmacist, as far as advice on OTC products is concerned the only manner in which this is currently funded is by way of the profit margin on OTC products.

In the short-term, I do not see this method changing, so it is essential that all our efforts are concentrated on obtaining an adequate reward for the time

and professional input required in making P sales. Rather than play 'pass the buck', let's all unite in calling for higher margins on 'P' sales.

**Martin Bennett**  
Sheffield

#### Why there is 'still no black bomb substitute'

As the manufacturer of Vitamin Capsules BPC, to which *Xrayser* referred in last week's column, I can provide the following explanation for the current lack of supply.

Up until last year, Vitamin Capsules BPC used a coated vitamin D<sub>2</sub> ingredient to provide the 300 units of vitamin D activity in the finished capsule. Supply of this ingredient has now ceased following a major incident at the site of manufacture.

R P Scherer has reformulated the product as rapidly as possible to achieve a stable formulation that uses an alternative source of vitamin D. A product licence variation has been submitted to accommodate these changes. However, further stability data is required before it can be granted.

We very much regret the interruption in supply of this product and will continue to expedite the work needed to achieve the PLV, hopefully

within the next two to three months.

**Richard Hart**  
Business manager, R P Scherer

#### BMA Council member calls pharmacists 'sewer rats'

If ever an example was wanted of shopkeepers motivated entirely by self-interested commercial greed, and hang the consequences to others, one has only to look at the pharmacists pouring through the Clothier loophole like rats from a sewer (*News*, September 10, p380).

The loophole denies medical practices any defence against their applications, and the pharmacists are well aware of the damage they will cause to country practices and to their service to country patients.

Branch surgeries will close, staff will be made redundant and rural general medical services will decline, sometimes to the point of non-existence. And which, I ask you, is more important to patients' health — a pill peddler or a doctor?

But, whipped on by the PSNC and the local pharmaceutical committees, the rodents devour all.

Your editorial quite rightly mentions the fragile inter-professional peace which existed until this time. Your readers

should take note that I sign myself not just as Dispensing Doctors' Association chairman but also as a BMA Council member. That peace no longer exists.

**David Roberts**  
Council member, British Medical Association  
Chairman, The Dispensing Doctors' Association



An annual golf tournament at the Meon Valley Golf Club, recently held by Smithkline Beecham and Graham Tatford & Co, the Portsmouth-based Numark wholesaler, attracted nearly 50 pharmacists. The winners and runners-up (left to right) are: Martin Young, Glynn Norris, John Lindsay of Littlehampton (men's shield winner), Lesley Bull of Hamble (ladies' shield winner), Malcolm Guthrie (GT managing director), Trevor Staley, Mike Gordon, Fred Freeman and George Atkinson



# The 1994 NPA Challenge Cup



Supported by Chemist & Druggist and Pharmacy Today.

Join us for a great day's golf on a championship-grade course and play in the company of other pharmacists.

The long awaited date for the annual NPA Challenge Cup golf competition is fast approaching – it's September 29th. So, anyone who has not yet registered their interest in playing should do so by turning the form below as soon as possible.

If you can't make up your mind, there may still be time to take last-minute reservations for a place at Chemist & Druggist (4) or Pharmacy Today (17).

In the meantime, here are a few more details to whet your appetite.



## The Timetable

The day will begin at 7-7.30am when players arrive and enjoy coffee and biscuits and pick up their scorecards before teeing off for the team competition over 12 holes from 8am. Players may, if they wish, play a full 18 holes.

The Club Professional will also be on hand to offer a golf clinic for those who wish to brush up their technique before the afternoon tournament.

After lunch the individual competition will begin. This Stableford rules competition will be played over 18 holes and incorporate at least two integral competitions, plus other individual prizes.

Following the day's golf, a three-course meal will be enjoyed before the prize giving, where the overall winner will claim the handsome 'NPA Challenge Cup'.

Fee for the full day's activities is £59 including VAT.

**All in all, it's a day not to be missed, so send off the coupon to:**

**Richard Langrish Associates, Osborne House, 13-19 Ventnor Road, Sutton, Surrey SM2 6AQ or fax it to Richard on 081-643 3354.**

**If you would like further details please call on 081-643 3234.**

**We look forward to seeing you on the 29th!**

## The Venue

The magnificent Beadlow Manor Golf and Country Club near Shefford, Bedfordshire.

A full day's golf and hospitalities has been arranged, and our afternoon tournament's play will be for the prestigious 'NPA Challenge Cup', together with many other valuable prizes.

The Beadlow Manor also has some excellent health and leisure facilities – so why not bring your partner along to relax at the Fitz Health Club the day while you are out on the course!

Please send tickets \_\_\_\_\_ for the NPA Challenge Cup.

I enclose a cheque for \_\_\_\_\_ made payable to Richard Langrish Associates.

Name \_\_\_\_\_

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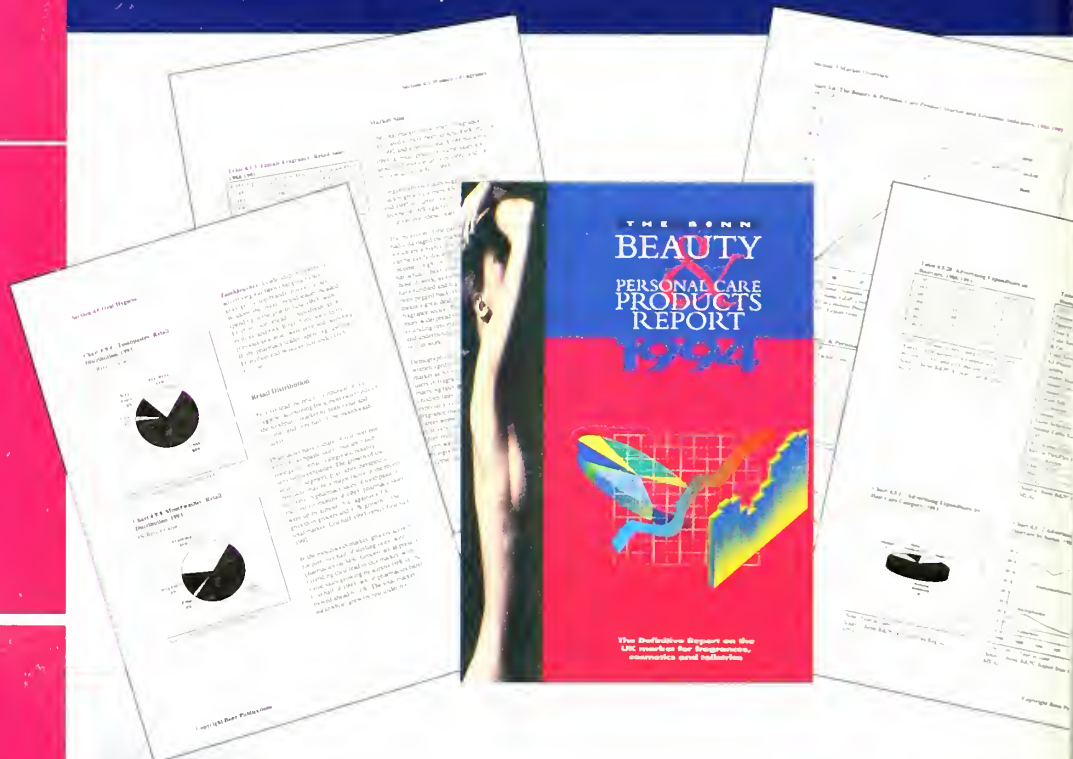
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\*Note: Expected total market value at retail selling prices for 1994.

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# Pharmacy sales on the mend

The UK economy grew faster than expected in the first two quarters of 1994, according to new official estimates, although consumer spending slowed sharply from the second half of 1993, providing a clear sign that tax increases have finally hit demand.

Meanwhile, shoppers kept their wallets open in July, according to the Confederation of British Industry, whose latest survey also points to an improvement in trade by retail chemists.

This is the first report of a year-on-year increase in sales since January. However, the trend in annual sales growth over the three-month period to July remains marginally negative, in comparison with a

strongly negative trend during the previous three-month period of February to April. But the volume of orders which chemists placed with their suppliers stayed relatively flat, reflecting the fact that stocks are still excessive in relation to expected demand for some 41 per cent of businesses.

Looking ahead, the CBI says that a further increase in sales is expected in August. Figures on retail sales from the Central Statistical Office confirm the improvement in High Street spending in July, with an estimated 0.4 per cent volume increase compared with June and a 3.8 per cent rise on the level of July, 1993.

Official figures on the value of sales by pharmacies in June

% change  
Period Latest Previous on year

## Prices and costs

### Retail prices (Jan 1987=100):

All items	Jul	144.0	144.7	2.4
Chemists' goods	Jul	156.9	157.1	1.7

### Producer prices (1990=100):

Manufacturing, excl food	Jul	112.3	112.1	1.9
Chemical industry	Jul	112.6	112.2	1.9
Pharmaceuticals	Jul	107.8	107.7	-2.4
Toilet soap	Jul	132.4	132.3	3.2
Perfumes, cosmetics toilet preps	Jul	122.7	122.4	1.2
Hairsprays and lacquers	Jul	102.0	102.0	1.5
Toothpastes and powders	Jul	122.1	122.1	2.4
Surgical and medicated dressings	Jul	111.8	111.6	2.9
Photographic materials	Jul	111.2	110.9	3.2

### Average earnings (Jan 1990=100):

Whole economy	Jun	122.0	123.8	3.6
Distribution and repairs	Jun	117.8	117.1	3.9

## Output (1990=100)

Chemicals, man-made fibres	Q2	112.6	110.6	5.9
Pharmaceutical products	Q2	131.4	130.4	10.7
Perfumes, cosmetics, toiletries	Q2	86.6	87.7	-1.7

## Sales

### Consumer spending (£bn current prices)

Qtr 1	105.5	104.1	6.5
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### Retail sales value (1990=100)

All retail businesses	Jul	116	115	5
Chemists	May	114	109	3

## Business indicators

### Consumer credit (£m)

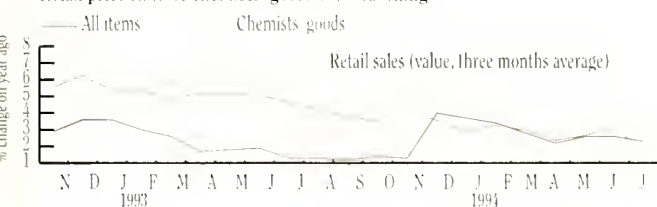
Net lending	Jun	683	208	200.9
New credit	Jun	5140	5119	7.6

### Unemployment (UK, per cent)

Jul	9.3	9.4	-10.6
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Sources: Central Statistical Office, Department of Employment

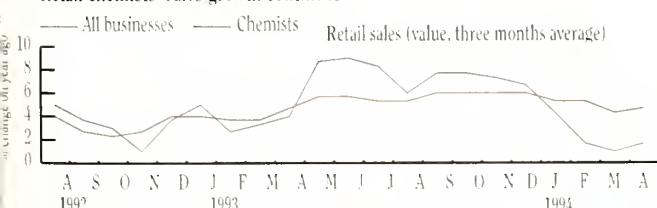
### Retail price rises of chemists' goods are weakening



### Pharmaceuticals price rises hold steady



### Retail chemists' sales growth continues



indicate a 4.6 per cent increase on the month, and an improvement of 3 per cent at the annual rate — up from 2 per cent in April. Official figures on retail prices of pharmacy goods reveal a rise of 1.7 per cent in the 12 months to July, down from a high of 3.2 per cent in June.

Meanwhile, the cost of pharmaceuticals supplied by British manufacturers fell by 2.4 per cent in the 12 months to July, while toiletries cost 1.7 per cent more at the factory gate than in July, 1993.

On costs and prices overall, the indications are that a surge in the price of most imported

materials pushed up manufacturers' input costs by 2.9 per cent in the year to July, compared with a rise of 2.2 per cent in the previous 12 months to June.

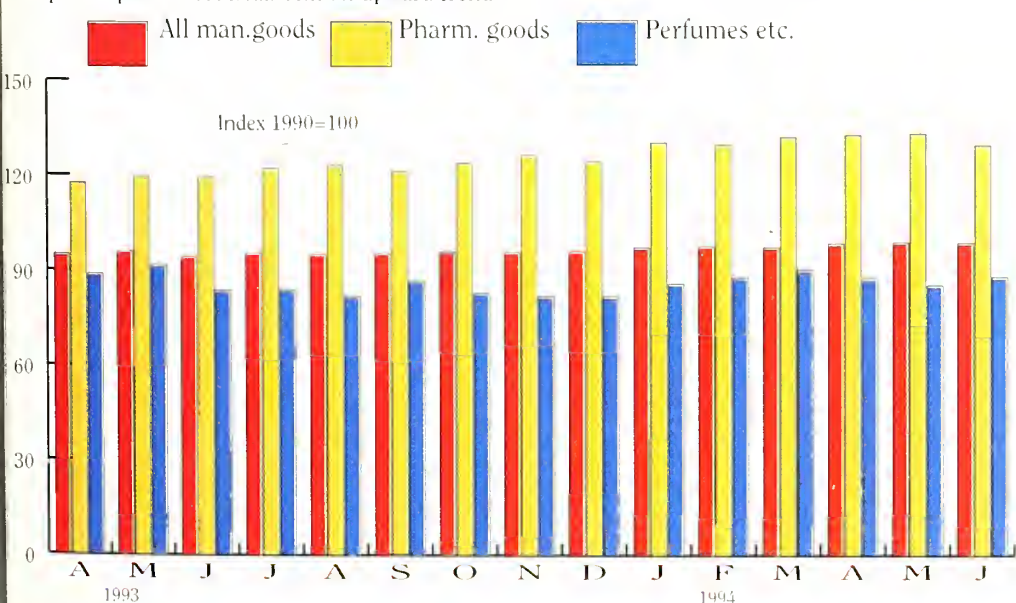
But the price of goods leaving the factory gate was unchanged in July, in the face of strong competitive forces, while the increase over the year was 1.9 per cent — the lowest since December, 1986.

Among companies producing chemicals, business confidence has strengthened further, with output and orders rising for the sixth survey in succession, according to the CBI. UK chemicals output improved by 3.6 per cent in the first four months of 1994, including a 10 per cent increase in pharmaceuticals.

The proportion of companies working below capacity in the chemicals sector has fallen to 30 per cent, the lowest among the main sectors surveyed, but capital spending plans remain muted. Firms have kept unit costs under tight control, says the CBI, although prices charged to their customers have fallen, and employment levels continue to drop.

Looking to future prospects for the economy, the finance house UBS forecasts that strong consumer demand will drive up growth in the short-term, cutting unemployment and the budget deficit. But in the medium-term UBS predict that the volume of consumer spending will drop from an annual growth rate of 3.8 per cent this year, to just 0.5 per cent by 1998.

### Output of pharmaceuticals still on upward trend





## Bayer buys Sterling US from SB for \$1bn

Sterling Winthrop's North American business, just acquired by Smithkline Beecham from Eastman Kodak as part of its global business, has been sold on to Bayer AG's US subsidiary Miles Inc for \$1 billion.

Bayer lost out to SB in the bidding for Sterling Winthrop, which went for \$2.9 billion. The Bayer purchase buys back the rights to the Bayer name and Bayer Cross trademark in the US — taken from the company by the US Government in 1918, after the First World War, as a punitive measure, and auctioned off to Sterling.

SB's 'cash back' deal reduces its debt and its product overlap,

while maintaining the company's hold on the new geographic markets acquired through Sterling.

SB retains worldwide rights for Panadol and the rights to Gaviscon in Canada while it continues to market it in the US through a joint venture with Marion Merrell Dow.

SB/Sterling's US net assets were \$187 million with sales of \$366m in 1993, generating profits of \$43m through 1,150 employees. Key brands include Bayer Aspirin, Midol (analgesic), Neo-Synephrine (nasal decongestant), Stridex (acne treatment) and Phillips Milk of Magnesia.

Bayer says it will start using the Bayer Aspirin name as soon as possible. "With this important acquisition we meet two of our top objectives," comments company chairman Dr Manfred Schneider.

"With combined sales of more than \$600m, [we are] more than doubling Bayer's OTC sales in North America.

"... And, we are very pleased that, after more than 75 years, we will now operate under our own name again worldwide."

SB says the sale to Bayer leaves it in number one spot in all major markets outside North America and Japan, and in a leading position in the US, with OTC sales of \$584m in 1993.

The sale to Bayer is conditional, among other things, on the closing of SB's purchase of Sterling Winthrop from Eastman Kodak, and on Bayer's receipt of Hart-Scott-Rodino clearance.

## Ideal Health Group launch follows Vital/Ideal buy back

Pradip Pattni has launched the Ideal Health Group Ltd after purchasing Vital Health Ltd and Ideal Health plc, his old companies, from the receivers (C&D August 13, p250).

The new company will concentrate on the food supplement and herbal sectors. Mr Pattni says: "The portfolio, while not finally settled, will also feature OTC products from Australian pharmaceutical giant Faulding."

The Ideal Health Group has acquired the rights of the Specially For range, and will operate from Hemel Hempstead. AAH will handle distribution through its agency arm.

Mr Pattni says: "The Ideal Health Group has secured financial backing and the support of many leading suppliers, wholesalers and retailers."

## Interest rate rise badly timed for pharmacy

The 0.5 per cent rise in interest rates announced this week comes at a very bad time for retail pharmacy.

The Confederation of British Industry, which is itself surprised by the timing of the Chancellor Kenneth Clarke's announcement, reports that the optimistic picture of sales volume seen in August will not continue into September.

In its August 1994 Distributive Trades Survey, 38 per cent of pharmacists polled reported increased sales volumes compared with last August, against the 26 per cent experiencing a downturn.

However, sales volume forecasts for September, 1994 are more pessimistic with 26 per cent anticipating a downturn, compared with the 23 per cent forecasting an upturn, versus the same month in 1993.

Pharmacists also do not expect September to bring any cheer with regard to their sales volume position given the time of year. In August, 26 per cent of those polled said their position was poor, compared to last year, with just 3 per cent reporting a good position. Percentages were not expected to improve for September.

Volume of stocks in relation to expected sales was, however, positive, with 97 per cent in an average position and three per

cent in a good position, compared to the same month last year. September should present much the same picture, reports the CBI.

Regarding the volume of orders placed on suppliers, 38 per cent in August said figures were up, compared to 26 per cent reporting a slide. The forecast for September is, however, more gloomy with just 23 per cent anticipating an improvement against the 26 per cent anticipating a downturn.

Commenting on the Chancellor's surprising move, CBI director general Howard Davies says that it had expected a small rise in interest rates before the end of the year though "in its judgment it would have been safe to wait a little longer ... the move, however, is unlikely to damage the healthy recovery we are now seeing".

While the National Pharmaceutical Association finance officer, Brian Dosser, doubts the rise will exert a make or break effect, it will, he says, mean £750 off the bottom line on a £150,000 loan.

"In this respect, the news is not welcomed," he comments.

Overall, the growth in Britain's shops, stores and supermarkets slowed in the year to August for the second month in succession, says the Confederation of British Industry's Distributive Trades Survey.

## Fisons Pharmaceuticals ups trading profit by 26pc

Fisons interims show turnover down £11.1 million to £640.3m with profit before tax down by the same amount to £30.4m. The Pharmaceuticals Division gave a singular performance.

Pharmaceuticals' trading profit was up to £36.3m (£28.8m to June 30, 1993) while Scientific Instruments registered a loss of £11.8m compared with a £2.1m profit last year.

On a like-for-like basis, growth in Pharmaceuticals' turnover was up 4 per cent at £240.7m. Respiratory products maintained share by value in world markets. Intal lost out to generic competition. Fisons says, while Tilade "grew strongly" assisted by its launch in North America through a Rhone-Poulenc Rorer joint promotion.

Chairman Patrick Egan says strategy remains on course with implementation of a cost-reduction programme and a strengthening of the company's senior management.

• Fisons and RPR this week announced agreements to develop and market three respiratory products — Azmacort, Nasacort and ebastine — in various

European countries. Ebastine and Nasacort should go on sale in 1996 with Azmacort following in 1998-99.

The marketing arrangements will run for eight years from the launch of each product in any given country; plus a three-year phase-out period.

## Astra sales up 26pc

Astra has increased sales by 26 per cent at the half-way stage with pre-tax earnings up by 37 per cent to SEK13,332 million and SEK4,504m respectively.

Sales of Losac are said to have increased rapidly (plus 41 per cent), with the UK, Germany and France the largest markets. Pulmicort is up 29 per cent, while Rhinocort has been launched in the US.

Astra sales are forecast to remain ahead of the market during the remainder of 1994 although group sales and earnings, though favourable, will not be at the same rate as last year the company says.



## New factory for English Grains after record profits

English Grains is to invest in a new £10 million factory at Swadlincote after 'record' financial results.

The eight and a half-acre pharmaceutical and healthcare manufacturing site should be

open by June, 1995.

Sales and marketing director Peter Hodgkiss says: "We are pleased with the growth of our business this year. The sales of our branded portfolio have been particularly buoyant."

## Glaxo show marred by UK

Glaxo's sales jumped 15 per cent to £5.65 billion in the year to June 30, all of that either down to volume growth or exchange rate factors rather than price rises. Pre-tax profits rose 10 per cent to £1.84bn despite the company burning its fingers to the tune of £115 million on the international bond market.

But UK sales grew slower than the market average because of enforced price cuts, competition and parallel imports.

Zantac remains Glaxo's star product and generated sales of £2.442m, up 7 per cent if currency fluctuations are stripped away, 12 per cent if not. Although that represents 43 per cent of sales, that share is down slightly on last year. Europe and the US in particular have been hit.

These problems have been compounded in the UK by Zantac parallel imports which, together

with price cuts under the PPRS, means Glaxo's UK sales grew slower than the market average.

To counter these setbacks, Glaxo is introducing line extensions, seeking approval for new indications and is in the process of applying to the FDA for OTC approval in the US.

Respiratory drugs is the company's second largest area and this year generated 22 per cent of sales or £1.23m, up 12 per cent at constant exchange rates.

Glaxo's veteran drug Ventolin is still pulling in sales, especially in the US, Canada and Australia. After 25 years on the market, sales now stand at £514m. But European sales are down 6 per cent, mainly because of price cuts rather than reduced volumes.

Sales of Serevent, its newer, pricier and longer-acting asthma treatment, are also up, but this time by 51 per cent to £110m. Becotide sales were £368m.

Beconase sales were US-driven, with a disappointing European performance. However, it was Glaxo's first product to switch to OTC status in the UK, which boosted Beconase sales overall by 4 per cent in this country.

To combat generic substitution, Glaxo is in the throws of developing new delivery devices, including a range of multi-dose powder inhalers.

In the antibiotics sector, sales grew to £872m. Disappointing US results were put down to a short flu season, while reimbursement difficulties in Europe temporarily dampened enthusiasm.

Imigran sales have now reached £243m, with new formulations in the pipeline including tablets in the US, a low-dose version, as well as intranasal and suppository products.

Glaxo would not comment on rumours linking it with Eli Lilly's recently-purchased pharmacy benefit management company, PCS. It says, however, that it is grasping a larger share of the managed care market.

Imminent filings with the regulatory authorities include ranitidine bismuth citrate, for ulcers associated with *H pylori*

### In the City

The surprise hike in interest rates has put the stockmarket under a cloud. Although pharmaceutical stocks have also been hit, a high level of takeover activity in the sector has checked the decline.

Investor sentiment continues to warm towards Smithkline Beecham which has recouped a third of the total \$3 billion it paid for Sterling Health by selling Sterling's American OTC business to Bayer for \$1bn.

The move, which came just two weeks after Sterling's purchase from Eastman Kodak, helped Smithkline shares buck the market slide following the half point rate increase on Monday.

Smithkline's latest deal, its third big move this year, has set the City buzzing with rumours of more deals. Most eyes are on Glaxo, which reported a disappointing full-year result, partly due to losses incurred in the bond market. City opinion on the shares, however, remains divided.

While Nikko Securities, the Japanese broker, is telling clients to sell, Williams de Broe is recommending the stock. The firm believes that Glaxo's new products offer strong upside in the long-term. Although Glaxo poured cold water on suggestions that it may bid for a US healthcare manager, some analysts believe it could well be lining up a takeover of Wellcome or Zeneca.

The latter's shares have been gaining ground from a strong recommendation from several brokers. Greig Middleton, which has placed the shares at the top of its buy list, says in its latest monthly circular that Zeneca has the best portfolio of new drugs in research and development phase offering the strongest earnings growth outlook among the UK drug groups. Although the broker believes that Wellcome will continue to attract bid interest, it is still recommending investors to switch out of Wellcome and into Zeneca.

Fisons is another stock that is regarded by the City as a takeover target thanks to its strong position in the anti-allergy market.

The bears continue to hold sway at Lloyds Chemist, which has weakened due to worries about a possible investigation by the Office of Fair Trading into OTC drug prices. The speculation has overturned a recent advance in Lloyds' shares following the appointment of a new finance director.

A better than expected interim result at Medeva has brought out the buyers in force. Greig Middleton has upgraded its full-year profits forecast by £33.6m to £60m and by £3m to £68m. The broker says the shares are a buy as they are trading at too high a discount to the sector.

### Coming Events

#### Tuesday, September 20

**Eastbourne Branch, RSPSG.** at the Postgraduate Medical Centre of the Eastbourne District General Hospital, 7.30 for 8pm (buffet). 'Viennese School of Surgery' by Professor J Robinson.

**The Royal Society of Chemistry** is holding its 2nd Bath International Symposium on 'Medicinal Chemistry' on **September 25-27** at the University of Bath. Contact Elaine Wellington, tel: 0275 85331, for details.

**The Pharmaceutical Society of Northern Ireland** is holding its Annual General Meeting on **September 29**. Tel: 0232 326927.

**ICM** is holding a two-day conference on 'Healthcare marketing strategies' on **September 29-30**, at the Kensington Hilton, London. For details, tel: 0483 37557.

**Peterborough Software and the Institute of British Payroll Management** are holding the 10th Annual Payroll Conference on **September 29-30**, at the De Vere Hotel, Coventry, West Midlands. Tel: 0733 555777.

**United Kingdom Clinical Pharmacy Association** is holding a Clinical Pharmacy Induction Symposium on **September 30 and October 2** at York University, Wentworth College. Further details from Mrs P Kennedy, UKSPA office, tel: 0533 552020.

**NAHAT** is holding a conference on 'Empowering the NHS & Regulating the Market' on **October 4** at the QEII Conference Centre, Westminster, London. Details from NAHAT offices, tel: 021 414 1536.

**Mersey Academy Pharmacy Practice Unit** is holding a 'Pharmacy Research Interest Group' meeting on **October 5** (12-2pm) at the PGMC, Clatterbridge Hospital. Further details from Mrs Glynn, tel: 051 430 1256.

**The UK Psychiatric Pharmacy Group** is organising a conference on **October 5-7** in York. Tel: 0532 926737.

**The Industrial Pharmacist Group and the Pharmaceutical Quality Group** of the RSPGB are holding a joint meeting on 'Quality Systems Design' on **October 6** at the Society in Lambeth High Street, London SE1. Contact Dr J A Clements, tel: 071 735 9141.

### Ethical deal

**Ethical Holdings** has entered into a technology licensing and development agreement with **Schein Pharmaceutical Inc** of the US. Analgesics, cardiovascular, diabetic and asthma drugs will be covered by the agreement in either oral controlled release or transdermal formulations. Clinical research will be conducted at Ethical's laboratories at Ely in the UK, while development will be carried out at the company's Swedish-based subsidiary, Gacell Laboratories.

### Roger & Gallet

**Nina Ricci UK Ltd** is the new distributor for **Roger & Gallet** products sold in pharmacies, including the new **Pour une Femme** and **Pour l'Homme** product ranges (C&D September 3, p344). Tel: 071 493 8232.

### Celsis chief

**Celsis**, the bioluminescence kit company, has appointed **Arthur Holden** as chief executive. He moves from the US healthcare company **Baxter International**. Celsis has also won a contract to supply **Colgate-Palmolive's** technical centre in New Jersey.



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To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

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Personal RPSGB Registration number .....

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Proposed advertisement copy (maximum 30 words)



## STOCK FOR SALE

medielite plc  
TEL: 081 841 4144  
EPI LADY  
**GOLD**

*Triple Head Hair Removal System. Buy 3 Epilady Gold Units and get Compact FREE.*

*Or buy 6 Epilady Gold Units and get 1 Gold Unit FREE.*

*Epicream — Buy 6 and get one FREE.*

*Epilady Classic — Special Price of £9.99 i.e. 33% off.*

**SEE US ON STAND A26 AT CHEMEX  
FOR UNBEATABLE OFFERS.**

E & OE  
**medielite plc**

Belvue Business Centre  
Units 16-17 Belvue Road

Northolt, Middlesex UB5 5QQ

Tel: 081 841 4144 Fax: 081 841 8390

Nurofen 48 exp. January 1996  
and Nurofen 96 exp. December  
1995. Trade less 40%.

Pack sizes 48/96.

Minimum case quantities 72/36.

**Please telephone:**

**0926 410169**

## STOCK WANTED

# HARWIL TRADING

are the ethical clearance house tried and tested by  
many leading household names to clear their surplus  
inventories however large or small.

**USING OUR 33 RETAIL OUTLETS  
BASED IN THE NORTH EAST OF  
ENGLAND, OR OUR SELECTED  
OVERSEAS AGENTS WE  
WILL CONTROL AND PROTECT  
YOUR BRANDS.**

To discuss your requirements in the strictest  
confidence contact myself Harry Williams, or my  
colleague Trevor Rayne on

**TEL: 091 4693631**

**FAX: 091 4382766**



## **LIBRA DISTRIBUTORS**

**4711 Ice cool  
in stock**

Telephone now for extensive price list on  
Kodak, Fuji, Polaroid Films, Gillette  
products and whole range of Fragrances.

**TELEPHONE: 081-445 4164  
FAX: 081-445 1399**

IDEAL TIME TO GET IN FOR PASSPORT  
PICTURES — FOR A FREE DEMO CALL US.

### **CHEMIST - WANTED - PHARMACY**

Surplus Coloured Glass Bottles and Jars Wanted  
Black Glass Jars Drug Jars — Blue or Green  
Blue Castor Oils Coloured Soda Syphons  
"Admiralty" Square Blue Poisons Spare Stoppers  
Common Blue "Not to be taken" Poisons — All shapes  
Mixed Assortments of Surplus Bottles as above

Contact: Eric Padfield,  
18 Mulberry Gardens, Sherborne, Dorset.  
Tel: 0935 816073 Fax: 0935 814181



# Aboutpeople

## Savage at the Games

Pharmacist Paul Savage found his gruelling training schedule had paid off when he and his fellow Belfast Rowing Club colleagues were picked to represent Northern Ireland in the Commonwealth Games in Canada last month.

Mr Savage, of A & F A Dundee Chemist, Glengormley, Northern Ireland, flew out with the team to Ontario to compete in the 2,000 metres rowing event.

The four-man boat finished the race in six minutes and 24 seconds in fourth position, only nine seconds behind gold medal winners Australia.

"This was the first international event for me, but we did quite well and I'm happy with our performance," says Mr Savage.

The team raised money through raffles and sponsorship to help with its preparations for the competition.

Mr Savage has been a keen rower since his undergraduate days at The Queen's University of



Paul Savage (centre) receives a sponsorship cheque from Roy McMillan (right) and Roy Smyth, N Ireland representatives for Cox Pharmaceuticals

Belfast, and has been a member of the Belfast Rowing Club for two years.

On top of his full-time job as a pharmacist, he trains seven days a week and gets up at 5.30 each morning for rowing sessions and

winter endurance runs — "all for a six-minute race", jokes Mr Savage.

The same Belfast Rowing Club team recently won the Britannia Cup at Henley, the first time the club has won the trophy.

## Pharmaid Week

Pharmacists can make their own contribution to quality care in developing countries simply by donating their old BNFs.

The annual collection of recent editions (26th and 27th) of the BNF will take place during the Commonwealth Pharmaid Week, November 7-12.

Van drivers from AAH Pharmaceuticals will collect the books on their rounds. Anyone not dealing with the wholesaler can take their copies to a colleague who does.

All books will be sent by Book Aid International (formerly Ransfurly Library Service) to developing Commonwealth countries for use by pharmacists and other professionals.

Previously, around 10,000 copies per year have been collected, but demand always exceeds supply.

Further information is available from Philip Green at the Commonwealth Pharmaceutical Association, tel: 071 735 9141.

## Mercy mission ahoy!



Heather Dickie will be aboard the Anastasis, docking in Cardiff in October

A Canadian pharmacist will be among the crew aboard the world's largest charity hospital ship docking in Wales for three weeks in October to recruit volunteers.

Heather Dickie, from New Brunswick, raised enough money to join the Anastasis, the flagship of the charity Mercy Ships, for the first time two years ago on a mission to Africa.

She says: "It is very different to work in a pharmacy with portholes instead of windows, where I have to learn all the foreign trade names of drugs, and where I need to order medication to last six months."

Ms Dickie is joining the 350-strong international crew at two medical receptions (October 7 and 12) being held aboard the ship in Cardiff for healthcare

professionals interested in volunteering or hearing about the charity's work. She is eager to share her experiences with other pharmacists.

Open days for the general public are also planned and the crew is looking to secure donations of equipment and

supplies for its five-month mission to Ghana in November.

Mercy Ships is an international Christian mission organisation that treats patients worldwide where healthcare is non-existent.

Further details are available from Suzanne Guinan on 0222 387517.



Kishor Pindolia (right), pharmacist and owner of Bush Pharmacy, Shepherd's Bush, London, is presented with the keys for a new Volkswagen Polo car by Unichem's general manager of sales, Nick Epps. Mr Pindolia won the star prize after entering a free prize draw at Unichem's trade show at Chessington this year



# ONLY TAGAMET\* 100

## Prevents Night Time Heartburn\*\*



**Tagamet 100** **12 TABLETS**  
*Controls excess acid - Fights heartburn pain*

- ★ Over **77** million people's lives have been changed by the active ingredient in Tagamet 100.
- ★ Over **16,000** clinical trials worldwide have been conducted using the active ingredient in Tagamet 100.
- ★ **6** pivotal studies clinically prove Tagamet 100's effectiveness in symptomatic relief of day time heartburn.
- ★ **2** further pivotal studies in over **600** subjects clinically prove Tagamet 100's effectiveness in the prevention of nocturnal heartburn.

**Now your customers can sleep safe in the knowledge that they can obtain relief from heartburn. Tagamet 100 is the only OTC H2-receptor antagonist clinically proven for prophylactic management of nocturnal heartburn.**

#### TAGAMET 100 cimetidine

**Product Information** **Presentation** White elliptical film coated Tiltab tablet containing 100 mg cimetidine. **Dosage and administration** Adults (incl. the elderly), children years and over: Relief of heartburn, dyspepsia, hyperacidity: Two tablets with water when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose may be taken, but no more than 4 tablets in any 4 hours and no more than 8 tablets in any 24 hours. Prophylactic management of nocturnal heartburn: One tablet with water one hour before bed time. In all cases, not to be taken for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to children under 16 years of age. **Use** Short term symptomatic relief of heartburn, dyspepsia, hyperacidity. Prophylactic management of nocturnal heartburn. **Contraindications** Hypersensitivity to cimetidine or any of the excipients. **Precautions** Not recommended in patients: with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with compromised bone marrow; in pregnancy and lactation. Use only on a doctor's advice in patients: with any other illness, using any medication, under medical supervision for other reasons, with a history of peptic ulcer who are now using NSAIDs especially the elderly. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of reversible impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0230. **Retail price** Tablet (12's) £2.29, (24's) £3.99. **Legal category** P. **Date of preparation** 19th August 1994. 'Tagamet' and 'Tiltab' are trademarks. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex TW8 9BD. Telephone number: 0181 560 5151

Tagamet is a registered trademark of Smith Kline and French Laboratories Limited  
Tagamet 100 is the only OTC H2-receptor antagonist licensed for the prevention of nocturnal heartburn.

**SB SmithKline Beecham**  
Consumer Healthcare

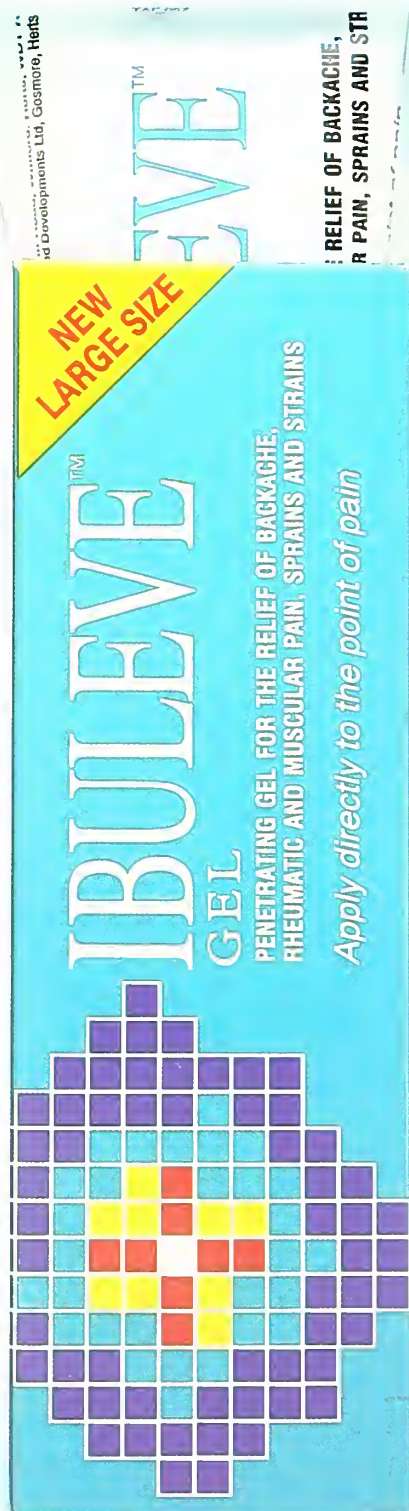


**NEW  
50g SIZE**

# NOW EVEN MORE PAIN RELIEF WITHOUT PILLS

Brand leader Ibuleve is now also available in a **new larger 50g size** with a **free IBULEVER** tube squeezer in every pack!

Stock up now, because with heavyweight **National TV advertising** running **September, October and November** you're bound to sell even more.



IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active ingredient:** Ibuprofen BP 5.0% w/w **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult doctor. Not recommended for children under 14 years. Patients with an active peptic ulcer or a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients. **FOR EXTERNAL USE ONLY.** **Legal Category:** [P] **Packs:** Tubes of 30g and 50g (PL 0173/0060), price £3.89 (30g) and £5.39 (50g).